

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: OFFICE OF INFORMATION TECHNOLOGY SERVICES
 State Agency Department ID: 1380000 Agency Business Unit: OFT01
 Contractor Name: JSM Consulting inc Contract Number: PH68612 MB
 Contract Start Date: 6/1/2023 Contract End Date: 5/31/2025

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|----------------------------|---------------------|------------------------------|-----------------------------------|
| Programmer Expert 04-12692 | 1.00 | 4,000.00 | \$319,520.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| Total this Page | 1.00 | 4,000.00 | \$319,520.00 |
| Grand Total | | | |

Name of person who prepared this report: Vivek Shenoy

Title: SVP Operations

Preparer's Signature:  _____

Date Prepared: 10/2/2023

Phone #: (609) 722-6600, ext. 102