

FORM A

<p>OSC Use Only: Reporting Code: Category Code: Date Contract Approved:</p>

<p>State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term</p>
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State Agency Name: <u>Division of Criminal Justice Services</u> Agency Code: <u>01490</u> Contractor Name: <u>Health Research, Inc.</u> Contract Number: <u>C002173</u> Contract Start Date: <u>08/01/2019</u> Contract End Date: <u>07/31/2021</u>
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Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-1199.09 IT Project Manager	1	1,793	\$215,428.95
15-1199.09 IT Project Manager	1	1,125	\$125,010.00
15-1199.09 IT Project Manager	1	845	\$84,812.65
15-1199.02 Computer Systems Engineer	1	3,708	\$356,380.92
15-1199.02 Computer Systems Engineer	1	3,250	\$303,940.00
15-1111.00 Computer & Info Research Scientist	1	4,005	\$341,887.05
15-1111.00 Computer & Info Research Scientist	2	5,875	\$495,446.25
15-1111.00 Computer & Info Research Scientist	1	3,428	\$260,219.48
15-1111.00 Computer & Info Research Scientist	1	348	\$24,979.44
	Staff Total: 10	Hour Total: 24,377	Consulting Total: \$2,208,104.74

Name of person who prepared this report: <u>Michael Morgan</u> Title: <u>CMS I</u> Phone #: <u>518-457-7857</u> Preparer's Signature: _____ Date _____ Prepared: _____
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(Use additional pages, if necessary)