

**FORM A**

<p><b>New York State Consultant Services Contractor's Planned Employment</b></p> <p><b>From Contract Start Date Through the End of the Contract Term</b></p>
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State Agency Name: Department of Financial Services	
State Agency Department ID: 3500000	Agency Business Unit: DFS01
Contractor Name: JSM Consulting	Contract Number: PH68612
Contract Start Date: 8/29/22	Contract End Date: 2/28/25

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1251.00 \$79.88 hourly rate	1	975.00	77,883.00
	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	0.00	0.00	\$ 0.00
<b>Grand Total</b>	<b>1</b>	<b>975</b>	<b>77,883.00</b>

Name of person who prepared this report: Nina Doss

Title: HBITS Administrator

Phone #: 518-408-2761

Preparer's Signature: \_\_\_\_\_ Nina Doss \_\_\_\_\_

Date Prepared: 5/21 /24

(Use additional pages, if necessary)

Page of