

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: Department of Transportation

State Agency Department ID: 17000

















Agency Business Unit: DOT01

Contractor Name: JSM Consulting, Inc.

Contract Number: OCHBIT13660

Contract Start Date: 1/21/2025

Contract End Date: 7/20/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1299.08 (\$97.04/hr)	1	5000	\$485,200
	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	5,000	\$485,200
Grand Total	1	5,000	\$485,200

Name of person who prepared this report: Robert Lewis

Title: CMS III

Phone #: 518-457-7273

Preparer's Signature:

Date Prepared: 3//7/2025

