

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: NYS Department of Health State Agency Department ID: 3450000 Contractor Name: JSM Consulting, Inc Contract Start Date: 8/16/2025	Agency Business Unit: DOH01 Contract Number: PH68612 Contract End Date: 2/15/2028
--	---

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
13-1082.00 - Project Manager Exp - \$94.93	1.00	4,900.00	\$465,157.00
	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	4,900.00	\$465,157.00
Grand Total	1.00	4,900.00	\$465,157.00

Name of person who prepared this report: Colleen M. Williams
 Title: Medicaid Program Manager Phone #: 518-457-5188
 Preparer's Signature: Colleen M. Williams
 Date Prepared: 08/11/2025