

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 Health	Agency Business Unit: OHEHR
State Agency Department ID: 3450000	Contract Number: # PH68612
Contractor Name: JSM Consulting, Inc.	Contract End Date: 9/15/2028
Contract Start Date: 3/16/2026	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Programmer-Expert Level - Hourly Bill Rate \$82.27/hr (30 months)	1.00	4,719.00	\$388,232.13
	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	4,719.00	\$388,232.13
Grand Total	1.00	4,719.00	\$388,232.13

Name of person who prepared this report: Vivek Shenoy

Phone #: 609-622-7700 EXT 102

Title: SVP

Preparer's Signature: 

Date Prepared: 3/2/2026

(Use additional pages, if necessary)