

AC 3271-S (Effective 4/12)

**FORM A**

<p><b>New York State Consultant Services</b>  <b>Contractor's Planned Employment</b>          From Contract Start Date Through the End of the Contract Term</p>
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State Agency Name: Office of Mental Health	
State Agency Department ID: 3650000	Agency Business Unit: OMH01
Contractor Name: JSM Consulting Inc	Contract Number: PH68612
Contract Start Date: 04/21/2025	Contract End Date: 09/20/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
IT Specialist 15-1299.09 Hourly Bill Rate \$42.19	1.00	5,200.00	\$219,388.00
	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
<b>Total this Page</b>	1.00	5,200.00	\$219,388.00
<b>Grand Total</b>	1.00	5,200.00	\$219,388.00

Name of person who prepared this report: Pradeep Inampudi  
 Title: Contract Management Specialist Phone #: 518-549-5206  
 Preparer's Signature: Pradeep Inampudi  
 Date Prepared: 04/02/2025