

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	Agency Business Unit: DOH
State Agency Department ID: 12000	Contract Number: PH68612
Contractor Name: JSM Consulting Inc	Contract End Date: 5/21/25
Contract Start Date: 5/22/23	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
11-3021.01 Quality Control Systems Managers	1.00	4,160.00	\$248,518.40
	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	4,160.00	\$248,518.40
Grand Total			

Name of person who prepared this report: Tammy Iacobucci

Title: QMC Manager, ITS4

Phone #: 518-473-4192

Preparer's Signature: 

Date Prepared: 05/16/2023