OSC Use Only:

Reporting Code:

Category Code:

**Date Contract Approved:** 

## **FORM A**

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

**Contractor Name: JSM Consulting** 

Agency Code: 12000

Contract Number: HBITS-05-

12864

Contract Start Date: 9/15/23

Contract End Date: 3/15/26

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Programmer	1	4681	\$335,727.20
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) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )			
*			
Total this page			
Grand Total	1	4681	\$335,727.20

Name of person who	prepared thi	s report: Stacy	Wynne
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Title: Contract Manager

Phone #: 518-474-3598

Preparer's Signature:

Date Prepared: 08/16/2023

(Use additional pages, if necessary)

Page 1 of 1

 Amount Payable under the Contract: the total amount paid or payable by the State to the State contractor under the contract, for work by the employees in the employment category, for services provided during the Report Period.

Submit the completed Form B annually by May 15<sup>th</sup> for each State fiscal year (or portion thereof) the contract is in effect, as follows:

## To DOH (as the contracting Agency):

By mail:

**NYS Department of Health** 

**Bureau of Contracts** 

**Attn: Consultant Disclosure Reporting** 

Room 2834, Corning Tower

Empire State Plaza Albany, NY 12237

By email:

dohmisc@health.ny.gov

## To the Consultant Reporting Section of the Bureau of Contracts at OSC:

By mail:

NYS Office of the State Comptroller

**Bureau of Contracts** 

110 State Street, 11th Floor

Albany, NY 12236

**Attn: Consultant Reporting** 

By fax:

(518) 474-8030 or (518) 473-8808

## To DCS:

By mail:

NYS Department of Civil Service

Alfred E. Smith Office Building

Albany, NY 12239