

**APPENDIX I
Consultant Disclosure
Form A**

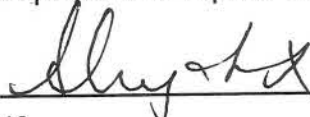
OSC Use Only:
Reporting Code:
Category Code:
Date Contract Approved:

FORM A

<p>State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term</p>

State Agency Name: Office Mental Health	Agency Code: 27100 3650000
Contractor Name: Mental Health Empowerment	Contract Number: C020709
Contract Start Date: 1/1/2018	Contract End Date: 12/31/2022

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Instruction Coordinator - 25-9031.00	1	9750	\$ 235,000.00
First Line Supervisors - 43-1011.00	1	975	31,250.00
Office and Admin Supp. -43-9199.00	1	1462	28,875.00
Total this page	3	12187	\$ 295,125.00
Grand Total			

Name of person who prepared this report: Sherry Fox
 Title: Bookkeeper
 Preparer's Signature: 
 Date Prepared: 2/01/2018
 (Use additional pages, if necessary)

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 Page 1 of 1