

**APPENDIX I
Consultant Disclosure
Form A**

OMH 01-C020865-3650000

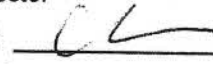
OSC Use Only: Reporting Code: <u>G-1</u> Category Code: <u>CUG</u> Date Contract Approved:
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FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term
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State Agency Name: NYS Office of Mental Hlt	Agency Code: 25200
Contractor Name: CLMHD	Contract Number: C020865
Contract Start Date: 1/1/2019	Contract End Date: 12/31/19

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-9151.00 - Social and Community	2	3640	\$ 255,674.00
19-3099.00 - Social Scientists and R	10	18200	841,341.90
Total this page	12	21840	\$ 1,097,015.90
Grand Total			

Name of person who prepared this report: Cathy Hoehn
 Title: Interim Project Director Phone #: 518-396-0788
 Preparer's Signature: 
 Date Prepared: 1/28/19