

**ATTACHMENT H
Consultant Disclosure Form A**

OSC Use Only: Reporting Code: Category Code: 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: Office of Mental Health Contractor Name: New Paradigm Contract Start Date: 1/1/2018	Agency Code: OMH01 Contract Number: C100439 Contract End Date: 04/30/2019
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Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
21-1023.00	2	500	\$60,000
Total this page	0	0	
Grand Total	2	500	\$60,000

Name of person who prepared this report: Jason Silvano
 Title: Contract Management Specialist 1
 Preparer's Signature: *Jason Silvano*
 Date Prepared: 5/22/2018
 (Use additional pages, if necessary) Page of

1. (Note: Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at online.onetcenter.org to find a list of occupations.)