

**ATTACHMENT H
Consultant Disclosure Form A**

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

FORM A **OMH01-CM100199AB-3650270**

**State Consultant Services - Contractor's Planned Employment
From Contract Start Date Through The End Of The Contract Term**

State Agency Name: NYS Office of Mental Health	Agency Code: 3650000
Contractor Name: Staff Care, Inc. - F. Lorenzana	Contract Number: OMH01- CM100199AB-3650270
Contract Start Date: 2/14/2019	Contract End Date: 9/4/2023

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	9533	\$2,526,333.33
Total this page	0	0	
Grand Total	1	9,533	\$2,526,333.33

Name of person who prepared this report: Jessica McDonald
 Title: Contract Management Specialist Trainee Phone #: (518) 549-5224
 Preparer's Signature: *J. McDonald*
 Date Prepared: 2/1/2019

(Use additional pages, if necessary) Page 1 of 1

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.)