

**ATTACHMENT H
Consultant Disclosure Form A**

OSC Use Only:
Reporting Code: CUG
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 Office of Mental Health Agency Code: 3650000
Contractor Name: Staff Care Inc. - A. Ice Contract Number: OMH01-
CM100199AB-3650367
Contract Start Date: 1/17/2019 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	9706	\$2,213,120.00
Total this page	0	0	
Grand Total	1	9,706	\$2,213,120.00

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: 1/8/2019

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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.)