

**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: NYS Office of Mental Health	Agency Code: 5000
Contractor Name: St Anne Institute	Contract Number: C101189
Contract Start Date: April 1, 2020	Contract End Date: Decemeber 31, 2020

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
19-3031.03	5	100 hours	\$29,600.00
Total this page	5	100	
Grand Total	5	100	

Name of person who prepared this report: Andrew M Alliger
 Title: Contract Management Specialist Phone #: 518-549-5272

Preparer's Signature: *Andrew M Alliger*

Date Prepared: 6/1 /2020

(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.)