ATTACHMENT H
Consultant Disclosure Form A

OSC Use Only:
Reporting Code:
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. - M. Tavakkoli
Contract Number: OMH01-CM100199AE-3650547
Contract Start Date: 3/1/2021
Contract End Date: 12/31/2021 with Optional 1yr Renewal 1/1/2022-12/31/2022

Employment Category[1]	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	2464	$677,600.00
Total this page	0	0	
Grand Total	1	2,464	$677,600.00

Name of person who prepared this report: Jessicca McDonald
Title: Contract Management Specialist I
Phone #: (518) 549-5224

Preparer's Signature:
Date Prepared: 1/27/2021
(Use additional pages, if necessary)

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.)