ATTACHMENT H

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

Contractor Name:

Agency Code: OMH

Contract Number: OMH01-

C201523-3650343

Contract Start Date: [Contract Start Date]

Contract End Date: [Contract End Date]

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
General Practitioner	1	1200	\$228,000
29-1215.00		A	
Total this page	0	0	\$228,000
Grand Total	-	0	\$228,000

Name of person who prepared this report:

Title: Sr. Proposal Specialist

Phone #: 678-690-7642

Preparer's Signature:

Date Prepared: 11/ 8/2021

(Use additional pages, if necessary)

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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.)