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: Office of Mental Health Agency Code: OMH01
Contractor Name: Peter Geller Contract Number:

S100591AG

Contract Start Date: 1/1/2022 Contract End Date: 12/31/2026

	Number of	Number of hours to	Amount Payable
Employment Category ¹	Employees	be worked	Under the Contract
21-1014.00	4	3640 hrs	285,000.00
	·		
Total this page	0	0	
Grand Total	4	3640.5	285000.00

Name of person who prepared this report: Jason Silvano

Title: Contract Management Specialist Phone #: 518-549-5295

Preparer's Signature: Jason Silvano

Date Prepared: 01/18/2022

(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 <u>online.onetcenter.org</u> to find a list of occupations.)