

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: 3650000
Contractor Name: Psychiatry Faculty Practice, Inc.	Contract Number: OMH01-C102128-3650000
Contract Start Date: 4/1/2023	Contract End Date: 5/31/2024

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
19-3033.00	1	265	\$66,250.00
Total this page	1	265	
Grand Total	1	265	\$66,250.00

Name of person who prepared this report: Leonard Nauta
 Title: Contract Management Specialist 1 Phone #: 518-408-3403
 Preparer's Signature: *Leonard Nauta*
 Date Prepared: 02/02/2024
 (Use additional pages, if necessary) Page 1 of 1

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.)