

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: Consilium Staffing, LLC - Dr. Allen	Contract Number: OMH01-CM101035AC-3650462
Contract Start Date: 8/15/2023	Contract End Date: 9/4/2023

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	112	\$36,288.00
Total this page	0	0	
Grand Total	1	112	\$36,288.00

Name of person who prepared this report: Marc VanDeusen
 Title: Contract Management Specialist 1 Phone #: 518-549-5273
 Preparer's Signature: *Marc VanDeusen*
 Date Prepared: 9/7/2023

(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.)