

**APPENDIX I
Consultant Disclosure
Form A**

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| OSC Use Only: |
| Reporting Code: |
| Category Code: |
| Date Contract Approved: |

FORM A

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| State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term |
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|--|--------------------------------|
| State Agency Name: OMH | Agency Code: OMH01-3650000 |
| Contractor Name: National Council for Behavior | Contract Number: <u>020493</u> |
| Contract Start Date: 01/01/2017 | Contract End Date: 12/31/2021 |

| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---------------------|---------------------|------------------------------|-----------------------------------|
| 11-9151.00 | 10 | 8465 | \$ 967,500.00 |
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| Total this page | 10 | 8465 | \$ 967,500.00 |
| Grand Total | | | |

Name of person who prepared this report:
 Title: AVP of Finance Phone #: 202-684-7459
 Preparer's Signature: *JL Fillette*
 Date Prepared: 09/19/2017
 (Use additional pages, if necessary) Page of