ATTACHMENT H Consultant Disclosure Form A

OSC Use Only: Reporting Code: Category Code:

		Date Contract Approved	Owtor
FORM A			
State Consultant Se	ervices - Contrac	ctor's Planned Er	nployment
From Contract Start I	Date Through Th	ne End Of The Co	ontract Term
		<u> </u>	
State Agency Name: NYS OMH Contractor Name: Paster Training, Inc.		Agency Code: 50000 Contract Number: C100108	
Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Training	3	400	117517099
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Total this page	0	0	3.0 0
Grand Total	3	400	117 500 =

Preparer's Signature:
Date Prepared: 7/5

(Use additional pages, if necessary)

^{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.)