ATTACHMENT H

OSC Use Only:	
AND CONTRACTOR TO SERVICE	
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: 5000

Contractor Name: Hornby Zeller Associates, Inc.

Contract Number: C100161

Contract Start Date: [Contract Start

Contract End Date: [Contract End Date]

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-1199.09	1 (kz)	312	\$27,300
27-2012.05	1 (tr)	148	\$12,950
11-9199.00	1 (kh)	20	\$1,875
15-1131.00	2 (dr, ap)	208	\$16,650
15-1151.00	1 (rj), (dl)	792	\$59,400
Total this page		0 0	\$118,175
Grand Total	7	380	\$118,175

Name of person who prepared this report: Karen Hallenbeck

Title: Director of Project Operations

Phone #: 518-273-1614

Preparer's Signature: *\Ou

Date Prepared: 2 /13/17

(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 online.onetcenter.org to find a list of occupations.)