

**ATTACHMENT H  
Consultant Disclosure Form A**

OSC Use Only: Reporting Code: Category Code: Date Contract Approved:
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**FORM A**

<b>State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term</b>
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State Agency Name: Office of Mental Health Contractor Name: Catherine Diana Contract Start Date: 12/1/17	Agency Code: OMH01 Contract Number: C100435 Contract End Date: 4/30/19
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Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
21-1023.00	3	4320 hrs	218,480.00
11-3011-00	1	576 hrs	11520
Total this page	0	0	
Grand Total	4	4,896	\$230,000.00

Name of person who prepared this report: Jason Silvano  
 Title: Contract Management Specialist 1  
 Phone #: 518-549-5295

Preparer's Signature: *Jason Silvano*

Date Prepared: 03/16/2018

(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](http://online.onetcenter.org) to find a list of occupations.)