

**ATTACHMENT H
Consultant Disclosure Form A**

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

FORM A **OMH01-CM100199-3650547**

**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: Staff Care Inc. - H. Jayawardena	Contract Number: OMH01- CM100199-3650547
Contract Start Date: 12/1/2017	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	11040	2,485,253.30
Total this page	0	0	
Grand Total	1	11,040	\$2,485,253.30

Name of person who prepared this report: **Jessicca McDonald**
 Title: **Contract Management Specialist Trainee** Phone #: **(518) 549-5224**
 Preparer's Signature: *Jessicca McDonald*
 Date Prepared: **3/26/2018**

(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.)