

**ATTACHMENT H  
Consultant Disclosure Form A**

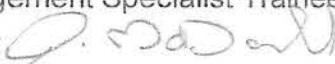
<b>OSC Use Only:</b> Reporting Code: <u>06</u> Category Code: Date Contract Approved:
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FORM A OMH01-CM100199-3650631

**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. Glover	Contract Number: OMH01- CM100199-3650631
Contract Start Date: 12/1/2017	Contract End Date: 9/4/2023

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	11040	2,559,440.00.
Total this page	0	0	
Grand Total	1	11,040	\$2,559,440.00

Name of person who prepared this report: Jessicca McDonald  
 Title: Contract Management Specialist Trainee Phone #: (518) 549-5224  
 Preparer's Signature:   
 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](http://online.onetcenter.org) to find a list of occupations.)