ATTACHMENT H Consultant Disclosure Form A

	se Only:			
Reporti	ng Code:	CU6		
Catego	ry Code:			
Data Co	antract An	proved:		

FORM A OMHOI - CM 100202 AA - 3650390

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 Contractor Name: Jackson & Coker - A. Saha

Agency Code: 3650000 Contract Number: OMH01-CM100202AA-3650390

Contract Start Date: 2/1/2018

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	3744	\$811,481.67
			*
			
Total this page	(0	
Grand Total	1	3,744	\$811,481.67

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

Preparer's Signature:

Date Prepared: 2/23/2018

(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 <u>online.onetcenter.org</u> to find a list of occupations.)