ATTACHMENT H Consultant Disclosure Form A

OMHOI-CM100203AF	1-3650420
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OSC Use Only:

Reporting Code: CUG

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: NYS Office of Mental Health

Contractor Name: Registry of Physician Specialists - J. Gold

Agency Code: 3650000 Contract Number: OMH01-

CM100203AA-3650420

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	10720	\$2,787,200.00
			Trendering to the second
No. of the State of			
Total this page	(0	
Grand Total	1	10,720	\$2,787,200.00

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

Preparer's Signature . Ma w

Date Prepared: 3/15/2018

(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.)