ATTACHMENT H Consultant Disclosure Form A

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OSC Use Only:

Reporting Code: ('UG

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: LocumTenens.com LLC - P. Chellappa

Agency Code: 3650000 Contract Number: OMH01-

CM100205AD-3650547

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	8576	\$2,043,946.67
Total this page		0	
Grand Total		1 8,576	\$2,043,946.67

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee

Preparer's Signature:

Date Prepared: 3/15/2018

(Use additional pages, if necessary)

Phone #: (518) 549-5224

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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.)