ATTACHMENT H **Consultant Disclosure Form A**

OSC Use Only: Cu6

Report	ting C	,ode	V

Category Code:

Date Contract Approved:

OmHOI - CM100205AJ - 3650411 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. Riccardi

Agency Code: 3650000 Contract Number: OMH01-CM100205AI-3650411

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	3216	\$836,160.00
Total this page	0	0	
Grand Total	1	3,216	\$836,160.00

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee Preparer's Signature 1000

Phone #: (518) 549-5224

Date Prepared: 3/21/2018

(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 online.onetcenter.org to find a list of occupations.)