ATTACHMENT H Consultant Disclosure Form A

OSC Use Only:	
Reporting Code:	
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

Agency Code: OMH01 Contract Number:

Contractor Name: William A. Kelly, LCSW PC

OMH01-T100255-3650000

Contract Start Date: January 1, 2017

Contract End Date: March 31, 2018

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Mental Health & Substance Abuse Social Workers – 21-1023.11	1	1,120	\$42,000.00
	e e		
Total this page	1	1	\$42,000.00
Grand Total	1	1	\$42,000.00

Name of person who prepared this report: Le'ana H. Williams

Title: Contract Management Specialist 1

Phone #: 518-549-5223

Preparer's Signature:

Date Prepared: 07/20/2017

(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 to find a list of occupations.)