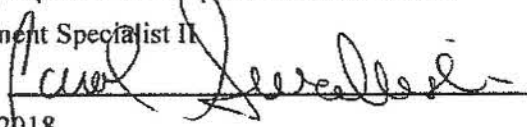


FORM A

**New York 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 Business Unit: OMH01
State Agency Department ID: 3650000	Contract Number: C020704
Contractor Name: Mental Health Association NYS	Contract End Date: 12/31/2022
Contract Start Date: 01/01/2018	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
CEO	0.05	97.76	\$32,226.00
Deputy Director	0.20	390.00	\$83,000.00
Senior Accountant	0.45	877.76	\$135,000.00
Director of Education	0.30	585.00	\$60,750.00
Program Assistant	0.19	1,365.00	\$32,979.00
	0.00	370.76	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.19	3,322.65	\$343,955.00
Grand Total			

Name of person who prepared this report: Carol Swiderski
 Title: Contract Management Specialist II
 Preparer's Signature: 
 Date Prepared: 05/01/2018
 Phone #: 518-473-1985