APPENDIX I Consultant Disclosure Form A

3	OSC Use Only:
-	Reporting Code:
	Category Code:
j	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: Office of Mental Health	Agency Code: 50000
	Contract Number: C020777/0
Contract Start Date: 1/1/2018	Contract End Date: 12/31/2022

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
25-3099.00	3	312	\$ 14,159.00
(Teachers and Instructors, all other)			
43-6014.00	7	26.5	3,059.00
(Secretaries and Admin Assistants)			
Total this page	10	338.5	\$ 17,218.00
Grand Total			

Name of person who prepared this report: Jerry M. Swanner

Title: Executive Director Phone #: 910 867-8822

Preparer's Signature:

Date Prepared: 6/26/2018

(Use additional pages, if necessary)

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