

**APPENDIX I
Consultant Disclosure
Form A**

OSC Use Only: Reporting Code: Category Code: Date Contract Approved:
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FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term
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State Agency Name: Office of Mental Health	Agency Code: 27100
Contractor Name: MHEP	Contract Number: C020805
Contract Start Date: 1/1/2019	Contract End Date: 12/31/2020

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
27-2012.03 - Program Director	1	1950	\$ 80,000.00
21-1014-00 - LSW	1	1950	65,000.00
11-3051.01 - Corporate Compliance	1	1950	70,000.00
Total this page	3	5850	\$ 215,000.00
Grand Total			

Name of person who prepared this report: Sherry Fox
 Title: Bookkeeper
 Preparer's Signature: 
 Date Prepared: 09/06/18
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