APPENDIX I Consultant Disclosure Form A

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	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: Office of Mental Health	Agency Code: OMH01/3650000
Contractor Name: RFMH	Contract Number: C020842
Contract Start Date: 10/01/2018	Contract End Date: 09/30/2021

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Training & Development Manager	8	2957	\$ 145,200.00
Social & Community Service Mgr.	1	495	19,883.00
Social and Human Services Asst.	3	669	18,866.00
Epidemiologist	1	495	19,391.00
Statistician	1	173	6,798.00
Environments Scientists & Spec.	1	495	20,462.00
Financial Analyst	1	495	23,003.00
Total this page	16	5779	\$ 253,603.00
Grand Total			

Name of person who prepared this report: Laura L. Salvati

Title: Manager, Sponsored Programs

Phone #: 518-421-6739

Preparer's Signature:

Date Prepared: 9/19/18

(Use additional pages, if necessary)

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