## 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

Contractor Name: William A. Kelly, LCSW PC

Agency Code: OMH01

Contract Number:

OMH01-C100255-3650000

Contract Start Date: January 1, 2017

Contract End Date: April 30, 2018

Employment Category <sup>1</sup>	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	\$64,749.90
Total this page			
Grand Total	1	1	\$64749.00

Name of person who prepared this report: Jason Silvano

Title: Contract Management Specialist 1

Phone #: 518-549-5295

Preparer's Signature: Aman Suns

Date Prepared: 02/23/18

(Use additional pages, if necessary)

Page 1 of 1

<sup>1. (</sup>Note: Access the O\*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at <u>online.onetcenter.org</u> to find a list of occupations.)