## 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: Office of Mental HealthAgency Code: OMH01Contractor Name: People TalkContract Number: C100437Contract Start Date: 12/1/2017Contract End Date: 04/30/2019

Employment Category <sup>1</sup>	Number of Employees	Y8hr/mmth Number of hours to be worked	Amount Payable Under the Contract
21-1014	2	3456	140,000.00
Total this page	0	0	
Grand Total	2	3456	140,000.00

Name of person who prepared this report: Joson S: luno

Title: CMSI

anon Suho Preparer's Signature:

Phone #: 549-5295

Date Prepared: 3 /ai / 18

(Use additional pages, if necessary)

1. (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.)

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