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 Health

Agency Code: OMH01

Contractor Name: Options Counseling

Contract Number: C100440

Contract Start Date: 1/1/18

Contract End Date: 4/30/19

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
21-1023	1	2000	60,000.00
Total this page	0	0	
Grand Total	01	2000	60,000

Name of person who prepared this report: Jason Silvano

Title: Contract Management Specialist

Phone #:

Preparer's Signature: Jaron & Ine

Date Prepared: 04/23/2018 (Use additional pages, if necessary)

Page [of]

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