UM1401-0100441-365 6660

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: Center for Family and RecoveryContract Number: C100441Contract Start Date: 12/1/2017Contract End Date: 04/30/2019

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
21-1023.00	1	1020	\$200,000.00
			11
	-		
Total this page	0	0	
Grand Total	1	1,020	\$200,000.00

Name of person who prepared this report: Jason Silvano

Title: Contract Management Specialist 1 Preparer's Signature: Amm Silve

Phone #: 518 549 5295

Date Prepared: 4/02/2018

(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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