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: Michael Russo Consulting and

Contract Number: C100565

Assessment Services

Contract Start Date: 2/1/2018

Contract 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	2400	\$170,000
Total this page	0	0	
Grand Total	1	2400	\$170,000

Name of person who prepared this report: Jason Silvano

Title: Contract Management Specialist 1

Phone #:

Preparer's Signature:

Date Prepared: 8/7/2018

(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.)