ATTACHMENT H Consultant Disclosure Form A

OSC Use Only:	
Reporting Code:	24
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: Staff Care, Inc. - C. Litkei

Agency Code: 3650000 Contract Number: OMH01-

CM100199AA-3650547

Contract Start Date: 5/10/2018

Contract End Date: 9/4/2023

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	. 1	10240	\$2,373,973.33
	17		
	-		
Total this page		0	
Grand Total		1 10,240	\$2,373,973.33

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

Preparer's Signature:

Date Prepared: 3/19/2018

(Use additional pages, if necessary)

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^{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.)