ATTACHMENT H Consultant Disclosure Form A

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Reporting Code: CUG

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

Agency Code: 3650000 Contract Number: OMH01-

Contractor Name: Staff Care, Inc. - R. Ahmed

CM100199AC-3650367

Contract Start Date: 1/31/2019

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 | 9533 | \$2,478.666.67 |
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| Total this page | 0 | 0 | |
| | | 9,533 | |
| Grand Total | 1 | | \$2,478,666.67 |

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

Preparer's Signature: Date Prepared: 2/1/2019

(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 <u>online.onetcenter.org</u> to find a list of occupations.)