ATTACHMENT H Consultant Disclosure Form A

OSC Use Only:

Reporting Code:

Category Code:

Date Contract Approved:

FORMA 3650367 - CM 100199 AD

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. - H. Jayawardena

Agency Code: 3650000 Contract Number: OMH01-CM100199AD-3650367

Contract Start Date: 3/21/2019

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	9360	\$2,283,840.00
Total this page	0	0	
Grand Total	1	9,360	\$2,283,840.00

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

Preparer's Signature: Date Prepared: 2/19/2019

(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.)