## ATTACHMENT H Consultant Disclosure Form A

OSC Use Only:	
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 Contractor Name: Staff Care, Inc. - C. White

Agency Code: 3650000 Contract Number: OMH01-CM100199AD-3650631

Contract Start Date: 1/30/2019

Contract End Date: 9/4/2023

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	5243	\$1,211,210.00
1		i i	
	5		
			346
	WW.		
	*		
Total this page	0	0	
Grand Total	1	5,243	\$1,211,210.00

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

Preparer's Signature:

Date Prepared: 2/1/2019

(Use additional pages, if necessary)

Page 1 of 1

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.)