ATTACHMENT H Consultant Disclosure Form A

OSC Us	e Only:		
Reportin	g Code:		
Category	y Code:		
Data Ca			

FORM A OMHOI - CM 100 202 AB - 3650587

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: Jackson & Coker - D. Giurca

Agency Code: 3650000 Contract Number: OMH01-CM100202AB-3650587

Contract Start Date: 10/3/2018

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	10226	\$2,301,000.00
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		1	
Total this page	0	0	
Grand Total	1	10,226	\$2,301,000.00

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

Preparer's Signature:

Date Prepared: 11/16/2018

(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.)