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: Jackson & Coker - M. ALi

Agency Code: 3650000 Contract Number: OMH01-CM100202AB-3650614

Contract Start Date: 7/1/2018

Contract End Date: 9/4/2023

	Number of	Number of hours to	Amount Payable Under
Employment Category ¹	Employees	be worked	the Contract
29-1066-00	1	10080	\$2,347,800.00
ła 			
Total this page	0	0	
Grand Total	1	10,080	\$2,347,800.00

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

Preparer's Signature

Date Prepared: 6/1/2018

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