ATTACHMENT H Consultant Disclosure Form A

OSC L	lse Or	nly:
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Reporting	Code:	C	UG
		A	00

	-
Catogony Code	
Category Code	2.

Nata Oantarat Annana

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: LocumTenens.com - M. Kiluvia Agency Code: 3650000 Contract Number: OMH01-CM100202AH-3650270

Contract Start Date: 4/1/2019

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	9186	\$1,938,386.67
Total this page	0	0	
Grand Total	1	9,186	\$1,938,386.67

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

(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.)