## ATTACHMENT H

OSC Use Only:	
Reporting Code:	
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	Agency Code: 3650000
Contractor Name: J. Cary Consulting, Inc.	Contract Number: OMH01-
Contractor Name: J. Cary Consulting, Inc.	8-C100220-3650000
Contract Start Date: June 1, 2017_ 10 / /2018 contract End Da	ite: May 31, 2018 9/30/2020

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-1133,00		800	96000.00
15-1133.00	1	800	d 96000,00
		-	
Total this page	20	1600-5	\$ 192,000.00
Grand Total	2	1660	\$ 192,000.00

Grand Total		00	2,000
Name of person who prepared this report:			
Title: President		Phone #: 518-	301-0989
Preparer's Signature:	1- Com Pro	09	
Date Prepared: 10 /15/ 2019	- L'Coura, M.	5 Z.5	
(Use additional pages, if necessary)	$\mathcal{O}$	Page	of

<sup>1. (</sup>Note: Access the O\*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at <a href="https://onetcenter.org">online.onetcenter.org</a> to find a list of occupations.)