ATTACHMENT H Consultant Disclosure Form A

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 Contractor Name: Staff Care Inc. - D. Richards

Agency Code: 3650000 Contract Number: OMH01-CM100199AE-3650367

Contract Start Date: 7/8/2019

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	8666	\$2,062,666.67
-			
		р	
Total this page	(0	
Grand Total		8,666	\$2,062,666.67

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

Preparer's Signature:

Date Prepared: 6/24/2019

(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.)