## 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. - R. Hamm Agency Code: 3650000 Contract Number: OMH01-CM100199AG-3650367

Contract Start Date: 1/20/2020

Contract End Date: 9/4/2023

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	7626	\$1,815,146.67
			15
	0	2	
Total this page	(	0 0	
Grand Total		1 7,626	\$1,815,146.67

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Traipee

Phone #: (518) 549-5224

Preparer's Signature: Date Prepared: 2/3/2020

(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.)