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: Jackson & Coker - E. Singer

Agency Code: 3650000 Contract Number: OMH01-CM100202AC-3650433

Contract Start Date: 12/26/2019

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	7800	\$2,301,000.00
		<u> </u>	
Total this page	0	0	
		7,800	
Grand Total	1		\$2,301,000.00

Name of person who	prepared thi	s report: Jess	sicca McDonald
--------------------	--------------	----------------	----------------

Title: Contract Management Specialist Trainee

Preparer's Signature:

Phone #: (518) 549-5224

Date Prepared: 12/6/2019

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