ATTACHMENT H Consultant Disclosure Form A

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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: LocumTenens.com - B. Amadi

Agency Code: 3650000 Contract Number: OMH01-CM100205AC-3650433

Contract Start Date: 8/1/2019

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	5120	\$1,748,960
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1			
Total this page	0	0	
		5,120	
Grand Total	1	0,120	\$1,748,960.00

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

Date Prepared: 8/1/2019

(Use additional pages, if necessary)

Preparer's Signature . Cod

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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.)