ATTACHMENT H Consultant Disclosure Form A

OSC Use Only:		
Reporting Code:		
Category Code:		
Date Contract Appr	oved:	

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 - I. Ibrahim

Agency Code: 3650000 Contract Number: OMH01-CM100205AU-3650547

Contract Start Date: 1/29/2020

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	10677	\$3,149,813.33
			8
Total this page	(0	
Grand Total	19	10,677	\$3,149,813.33

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

Preparer's Signature:

Date Prepared: 1/8/2020

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