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: DrWanted.com - D. Singh

Agency Code: 3650000 Contract Number: OMH01-CM100210AB-3650433

Contract Start Date: 2/12/2020

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	4472	\$1,940,848.00
15170			
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Total this page		0	
		4,472	
Grand Total			\$1,940,848.00

Name of person who prepare	d this report:	Jessicca	McDonald
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Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

Preparer's Signature:

Date Prepared: 1/16/2020

(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.)