APPENDIX I 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: Office of Mental Health	Agency Code: OMH01/3650000
	Contract Number: C021168 Contract
Contract Start Date: January 1, 2020	End Date: March 31, 2024

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
13-1151.00 - T & D Specialist	2	16,640	\$ 729,739.43
11-3131.00 - T & D Manager	.2	1,664	88,785.03
Total this page	2.2		\$ 818,524.46
Grand Total	2.2	18,304	\$818,524.46

Name of person who prepared this report: Laura L. Salvati

Phone (518) 408-0873

Title: Manager, Sponsored Programs

Preparer's Signature:

Laura L. Salvati Digitally-signed by Laura L. Salvati Date: 2020.06.18 09:30:36 -04'00'

Thomas P. O'Connor 06/18/2020

Date Prepared: June 18, 2020

(Use additional pages, if necessary)

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