

APPENDIX I
Consultant Disclosure
Form A

<p>OSC Use Only: Reporting Code: Category Code: Date Contract Approved:</p>

FORM A

<p>State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term</p>
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State Agency Name:	Agency Code:
Contractor Name:	Contract Number:
Contract Start Date:	Contract End Date:

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Total this page			
Grand Total	35.5	73,840	\$4,072,513.00

Name of person who prepared this report: _____

Title: _____ Phone #: _____

Preparer's Signature: _____

Date Prepared: _____