

**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: MDstaffers - A. Ogunlade-Addams

Agency Code: 3650000
Contract Number: OMH01-
CM101035AA-3650390

Contract Start Date: 1/11/2021

Contract End Date: 5/31/2021

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	808	\$208,464.00
Total this page	0	0	
Grand Total	1	808	\$208,464.00

Name of person who prepared this report: Jessica McDonald

Title: Contract Management Specialist

Phone #: (518) 549-5224

Preparer's Signature: 

Date Prepared: 1/6/21

(Use additional pages, if necessary)

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.)