

**APPENDIX I  
Consultant Disclosure  
Form A**

OSC Use Only: Reporting Code: Category Code: Date Contract Approved:
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**FORM A**

<b>State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term</b>
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State Agency Name: OMH	Agency Code: 11820
Contractor Name: Mental Health Assoc. in NY	Contract Number: C021312
Contract Start Date: 4/1/2021	Contract End Date: 3/31/2022

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11. 9199.00	1	1820	68450.
13. 1082.00	1	1820	120.000.
21. 1099.00	5	4368	124847.50
43. 1004.00	1	1006	17000.00
43. 5031.00	1	364	8600.
11. 3031.00	1	364	16500.
11. 1011.00	1	910	97250
43. 9061.00	1	182	3600.
11. 1021.00	1	491.4	31050
21. 1099.00	1	1820	50000.
<b>Total this page</b>	0	0	\$0.00
<b>Grand Total</b>	14	12745.4	456847.50

Name of person who prepared this report: Andrea Hajjar  
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 Preparer's Signature: Andrea Hajjar  
 Date Prepared: 9/1/2021  
 (Use additional pages, if necessary)