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: Vista Staffing Solutions, LLC

Agency Code: 3650000 Contract Number: OMH01-CM101745-3650000

Contract Start Date: 1/1/2023 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	1	\$1.00
Total this page	0	0	
Grand Total	1	1	\$1.00

Name of person who prepared this report: Marc VanDeusen

Title: Contract Management Specialist I Phone #: 518-549-5273

Preparer's Signature: Warc Van Deusen

Date Prepared: 1/5/2023

(Use additional pages, if necessary)

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^{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.)