

**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
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State Agency Name: NYS OMH	Agency Code: 11030
Contractor Name: Coordinated Care Svc, Inc	Contract Number: C020897
Contract Start Date: 01/01/2019	Contract End Date: 12/31/2020

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-1011.00 Chief Executives	1	152	\$ 30,300.00
15-1142.00 Ntwrk & Comp Sys Adm	1	390	58,500.00
Total this page	2	542	\$ 88,800.00
Grand Total			

Name of person who prepared this report: Ruth N Colon
 Title: Manager of Business Services Phone #: 585-613-7677
 Preparer's Signature: Ruth N. Colon
 Date Prepared: 3/8/19
 (Use additional pages, if necessary) Page / of /