

**ATTACHMENT H
Consultant Disclosure Form A**

OSC Use Only:
Reporting Code: *CUG*
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: Staff Care, Inc. - F. Lorenzana

Agency Code: 3650000
Contract Number: OMH01-
CM100199AA-3650390

Contract Start Date: 4/25/2019

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	9186	\$1,782,213.33
Total this page	0	0	
Grand Total	1	9,186	\$1,782,213.33

Name of person who prepared this report: Jessica McDonald

Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

Preparer's Signature: *Jessica McDonald*

Date Prepared: 4/8/2019

(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.)