

**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 Agency Code: 3650000  
Contractor Name: Staff Care, Inc. - D. Giurca, L. Garcia, U. Shahzadi Contract Number: OMH01-  
CM100202AD-3650587  
Contract Start Date: 11/5/2019 Contract End Date: 9/4/2023

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	7800	\$1,833,000.00
Total this page	0	0	
Grand Total	1	7,800	\$1,833,000.00

Name of person who prepared this report: Jessica McDonald  
Title: Contract Management Specialist Trainee Phone #: (518) 549-5224

Preparer's Signature: 

Date Prepared: 10/16/2019

(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](http://online.onetcenter.org) to find a list of occupations.)