

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: New York University School of
Medicine
Contract Start Date: 12/1/2020

Agency Code: OMH01
Contract Number: OMH01-
C101243
Contract End Date: 11/30/2025

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
19-1042.00 – Medical Scientist	2	546.00	60965.00
11-3131.00 – Training and Development Managers	3	4625.00	665255.00
13-1151.00 – Training and Development Specialist	1	5460.00	268010.00
19-4061.00 – Social Science Research Assistant	1	8190.00	220140.00
15-1231.00 – Computer Network Support Specialist	1	250.00	18750.00
Total this page	8	19071	1233120
Grand Total	8	19071	1233120

Name of person who prepared this report: Neela Jain

Consultant Disclosure Form A

Title: Senior Grants Manager

Phone #: 646-754-5085



Preparer's Signature:

Date Prepared: 07/12/2021

(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.)