

ATTACHMENT H

<p>OSC Use Only:</p> <p>Reporting Code:</p> <p>Category Code:</p> <p>Date Contract Approved:</p>

FORM A

<p>State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term</p>

<p>State Agency Name: Office of Mental Health Agency Code:</p> <p>Contractor Name: The CBORD Group, Inc. Contract Number: OMH01-C101405-3650000</p> <p>Contract Start Date: 12-7-21 Contract End Date: 12-6-24</p>

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-1232.00 & 13-1151.00	1	6,240	\$985,920 + expenses
Total this page	0	0	
Grand Total	1	6,240	\$985,920 + expenses

Name of person who prepared this report: Rob DeCarlo

Title: VP, Finance

Phone #:

Preparer's Signature: *Robert DeCarlo*

Date Prepared: *4/23/2021*

(Use additional pages, if necessary)

Page of

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.)