

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: <u>DMU</u>	Agency Code: <u>11630</u>
Contractor Name: <u>Mental Health Assoc. in NYS, Inc</u>	Contract Number: <u>C028363</u>
Contract Start Date: <u>07/01/2022</u>	Contract End Date: <u>06/30/2027</u>

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<u>11-3131.00 - Train / Dev</u>	<u>0</u>	<u>15834</u>	<u>590,500</u>
<u>01-1191.00 - Health Educ</u>	<u>4</u>	<u>18291</u>	<u>537,625.15</u>
<u>43-3031.00 - Bldg Acctg</u>	<u>1</u>	<u>455</u>	<u>10,250.00</u>
<u>43-6014.00 - Admin Maint</u>	<u>1</u>	<u>4068</u>	<u>95,890.65</u>
Total this page	0	0	1234365.80 \$0.00
Grand Total			1234365.80

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 Date Prepared: 01/25/24
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