## ATTACHMENT D 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: **New York** Agency Code: **OMH01** 

**State Office of Mental Health** 

Contractor Name: FTI Contract Number: C101913

Consulting, Inc.

Contract Start Date: Complete after bid Contract End Date: Complete after bid award.

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Employment Category¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
13-1151.00 Training and Development Specialists;	2	400 - 500	Estimated: \$180,000
13-2011.00 Accountants and Auditors	10	4,400 - 6,000	Estimated:\$1,817,750
Total this page	12	4,800 - 6,500	
Grand Total	12	4,800 - 6,500	\$1,997,750

Name of person who prepared this report: Anne Winter

Title: Senior Managing Director Phone #: +1 602 326 8337

Preparer's Signature: Anne Winter

Date Prepared: 09/22/2023 (Use additional pages, if necessary)

Page of

<sup>1. (</sup>Note: Access the O\*NET database, which is available through the US Department of Labor's Employment and Training Administration, online at **online.onetcenter.org** to find a list of occupations.