

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: Office of Mental Health	Agency Code: 36500000
Contractor Name: Carl Bellavia	Contract Number: OMH01-C102034-3650000
Contract Start Date: January 1, 2024	Contract End Date: December 31, 2028

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
19-3022.00	1	760	\$1,520,000.00
Total this page	1	1	
Grand Total	1	760	\$1,520,000.00

Name of person who prepared this report: Leonard Nauta

Title: Contract Management Specialist 1

Phone #: 518-408-3403

Preparer's Signature: *Leonard Nauta*

Date Prepared: 11/30/2023

(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 to find a list of occupations.)