

ATTACHMENT H Consultant Disclosure Form A

OSC Use Only: Reporting Code: Category Code: Date Contract Approved:
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FORM A

**State Consultant Services - Contractor's Planned Employment
From Contract Start Date Through The End Of The Contract Term**

State Agency Name: St. Lawrence Psychiatric Center	Agency Code: 3650631
Contractor Name:	Contract Number: OMH01-C201843-3650631
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
Social & Human Services 21-1093.00	4	36,400	\$ 873,600
Total this page	0	0	
Grand Total	4	36,400	\$ 873,600

Name of person who prepared this report: *Tammy Bush*
 Title: *Deputy Director* Phone #: *(315) 394-0597*
 Preparer's Signature: *[Signature]*
 Date Prepared: *11/9/2023*

(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.)