

**ATTACHMENT H**

<b>OSC Use Only:</b> Reporting Code: Category Code: Date Contract Approved:
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**FORM A**

<b>State Consultant Services - Contractor's Planned Employment                  From Contract Start Date Through The End Of The Contract Term</b>
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State Agency Name: NYS Office of Mental Health Contractor Name: Contract Start Date: 01/01/2017	Agency Code: 365000 Contract Number: C100033 Contract End Date: 12/31/2021
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Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Inspections	3	~ 1500 hrs	216,300.00
Total this page	0	0	
Grand Total			

Name of person who prepared this report: *Melissa Vaccaro*  
 Title: *VP of Consulting* Phone #: *610-970-1776*  
 Preparer's Signature: *Melissa Vaccaro*  
 Date Prepared: *1/16/17*  
 (Use additional pages, if necessary)

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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](http://online.onetcenter.org) to find a list of occupations.)