

**ATTACHMENT H
Consultant Disclosure Form A**

OSC Use Only:

Reporting Code:

Category Code: **CVG**

Date Contract Approved:

FORM A **OMH01-CM100202AB-3650270**

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

State Agency Name: NYS Office of Mental Health

Agency Code: 3650000

Contractor Name: Jackson & Coker - A. Menon

Contract Number: OMH01-

CM100202AB-3650270

Contract Start Date: 4/12/2018

Contract End Date: 9/4/2023

| Employment Category ¹ | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|----------------------------------|---------------------|------------------------------|-----------------------------------|
| 29-1066-00 | 1 | 10400 | \$2,399,800.00 |
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| Total this page | 0 | 0 | |
| Grand Total | | 10,400 | \$2,399,800.00 |

Name of person who prepared this report: Jessica McDonald

Title: Contract Management Specialist Trainee

Phone #: 518-549-5224

Preparer's Signature: 

Date Prepared: **3/14/18**

(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 to find a list of occupations.)