APPENDIX I 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: OMH	Agency Code: 11630
Contractor Name: Mental Health Assicaition in	Contract Number: C021196
Contract Start Date: 04/01/2020	Contract End Date: 03/31/2021

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-3131.00 - Training and Developm	2	1801.8	\$ 83,250.00
21-1091.00 - Health Educator	7	4956.9	121,162.50
436011.00 - Executive Secretaries &	2	1001.0	18,400.00
43-331.00 - Bookeeping, Accounting	1	364.0	8,600.00
11-1011.00 - Chief Executive	1	455.0	38,625.00
13-2011.00 - Accountant	1	118.3	7,750.00

Total this page	14	8697	\$ 277,787.50
Grand Total			

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Name of person who prepared	this report: Melissa	a Ramirez	
Title: Deputy Director	\wedge	Phone #: 5	518-434-0439
Preparer's Signature:	Duna Ka		
Date Prepared: 4 30 2020	(1	
(Use additional pages, if necessary)		Р	age of