## APPENDIX I Consultant Disclosure Form A

			OSC Use Only:	
			Reporting Code:	
			Category Code:	
			Date Contract Approved:	
FORM A				7
State Consultant Se				
From Contract Start D	ate Throug	h Th	e End Of The Co	ontract Term
State Agency Name:		Agency Code:		
Contractor Name:		Contract Number:		
Contract Start Date:		Contract End Date:		
Employment Category	Number of Employees		Number of hours to be worked	Amount Payable Under the Contract
Total this page				
Grand Total				
Name of person who prepared Title:		-	Phone #	
114 100	ldw Schint		FIIONE #	
Troparor o orginataro:		/		
Date Prepared:				

Page

of

(Use additional pages, if necessary)