## ATTACHMENT H 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: Office of Mental Health
Contractor Name: Comprehensive Pharmacy Services, LLC

Agency Code: OMH01 Contract Number: OMH01-

C100913-3650455

Contract Start Date: 01/01/2021 Contract End Date: 12/31/2025

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Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-9111.00	Limployees 1	9952	\$1,225,380.95
29-1051.00	2	19904	\$1,885,962.30
Total this page	0	0	
Grand Total	3	29856	\$3,111,343.25

Name of person who prepared this report: Peter A. Rogers

Title: Contract Management Specialist I Phone #: 518-549-5211

Preparer's Signature: fite African

Date Prepared: 01/21/2021

(Use additional pages, if necessary)

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<sup>1. (</sup>Note: Access the O\*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at <a href="mailto:onetcenter.org">online.onetcenter.org</a> to find a list of occupations.)