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: NYS Office of Mental Health Contractor Name: Staff Care, Inc. - J. Weisbard

Agency Code: 3650000 Contract Number: OMH01-CM100199AD-3650547

Contract Start Date: 5/1/2020

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 | 6933 | \$1,657,066.67 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total this page | 0 | 0 | |
| | | 6,933 | |
| Grand Total | 1 | | \$1,657,066.67 |

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

Preparer's Signature:

Date Prepared: 4/9/2020

(Use additional pages, if necessary)

Page 1 of 1

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