## 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<br/>Contractor Name: Alumni Staffing - J. WilsonAgency Code: 3650000<br/>Contract Number: OMH01-<br/>CM100201AB-3650771Contract Start Date: 2/2/2021Contract End Date: 12/31/2021 with Optional<br/>1yr Renewal 1/1/2022-12/31/2022

Number of Number of hours to Amount Payable Under Employment Category<sup>1</sup> the Contract Employees be worked 29-1066-00 1248 \$351,187.20 1 0 0 Total this page 1.248 1 Grand Total \$351,187.20

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist

Preparer's Signature:

Date Prepared: 1/13/2021

(Use additional pages, if necessary)

Phone #: (518) 549-5224

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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 <u>online.onetcenter.org</u> to find a list of occupations.)