ATTACHMENT H Consultant Disclosure Form A

O	SC Use Only:	
R	eporting Code:	
С	ategory Code:	
D	ate 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: Jackson & Coker - E. Teuscher

Agency Code: 3650000 Contract Number: OMH01-CM100202AH-3650201

Contract Start Date: 3/12/2021 Contract End Date: 6/30/2021 with Optional 1yr

Renewal 7/1/21-5/30/22

	Number of	Number of hours to	Amount Payable Under
Employment Category ¹	Employees	be worked	the Contract
29-1066-00	1	312	\$77,376.00
	0		
Total this page	0	0	
		312	M77 070 00
Grand Total	1		\$77,376.00

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Phone #: (518) 549-5224

Preparer's Signature:

Date Prepared: 2/22/2021

(Use additional pages, if necessary)

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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 online.onetcenter.org to find a list of occupations.)