## 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: Jackson & Coker - E. Bellin

Agency Code: 3650000 Contract Number: OMH01-CM100202AJ-3650270

Contract Start Date: 5/21/2020 Contract End Date: 9/4/2023

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	1907	\$560,560.00
Total this page	0	0	
		1,907	
Grand Total	1		\$560,560.00

Name of person who prepared this report: Jessicca McDonald

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

Preparer's Signature:

Date Prepared: 5/1/2020

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