## 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: LocumTenens.com - T. Kutzer

Agency Code: 3650000 Contract Number: OMH01-CM100205AE-3650367

Contract Start Date: 5/22/2020 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	6933	\$1,976,000.00
Total this page	0	0	
Grand Total	1	6,933	\$1,976,000.00

Name of person who prepared this report: Jessicca McDonald

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

Preparer's Signature:

Date Prepared: 5/26/2020

(Use additional pages, if necessary)

Page 1 of 1

<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.)