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 He	ealth	Agency Code: 3650000
Contractor Name: SUMO Medical Staffing, LL	.C - E. Mausner	Contract Number: OMH01-
		CM100213AA-3650420
Contract Start Date: 10/12/2020	Contract End Date: 3/31/20 with Optional 1yr	
	Renewal 4/1/202	1-3/31/2022

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	832	\$198,848.00
Total this page	0	0	
Grand Total	1	832	\$198,848.00

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist I

Phone #: (518) 549-5224

Preparer's Signature:

Date Prepared: 9/17/2020

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