## 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: Staff Care, Inc. - V. Castillo

Contract Start Date: 5/3/2021

alth Agency Code: 3650000 Contract Number: OMH01-CM100199AD-3650270 Contract End Date: 3/31/2022 with Optional 1yr Renewal 4/1/2022-3/31/2023

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	1920	\$787,200.00
Total this page	0	0	
		1,920	
Grand Total	1		\$787,200.00

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist

Preparer's Signature:

Date Prepared: 3/19/2021

(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.)