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 - B. Amadi

Agency Code: 3650000 Contract Number: OMH01-CM100205AH-3650270

Contract Start Date: 6/1/2021 Contract End Date: 11/30/2021

	T	T	1
Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	624	\$223,641.60
20 1000 00	•	02.	\$225,5 · · · · 55
Total this page	0	0	
Total tills page		624	
Grand Total	1		\$223,641.60

Name of person who prepared this report: Jessicca McDonald

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

Preparer's Signature:

Date Prepared: 5/12/2021

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