## 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: Office of Mental Health Contractor Name: Carl F. Bellavia

Contract Start Date: 01/01/2018

Agency Code: 50000 Contract Number: C100461 Contract End Date: 12/31/2018

Employment Category'	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066 00	5	325	\$33,042
29-1141 02	- 4	400	\$40,400
21 1023.00	3	803	\$81,103
19 1041 00	1	200	\$20,200
29 1125 00	1	200	\$20,200
19-3099.00	1	570	\$57,755
Total this page	16	2,498	
Grand Total	16	2,498	\$252,700

Name of person who prepared this report: William Gwynn

Title: Contract Management Specialist 2

Phone #: 518-549-5215

Preparer's Signature Date Prepared: 3/28/2018

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(Use additional pages, if necessary)

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 <sup>(</sup>Note: Access the C\*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.)