

**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 Agency Code: 5000 *OMH 01*  
Contractor Name: Carl Bellavia Contract Number: C100608  
Contract Start Date: 1/1/2019 Contract End Date: 12/31/2023 *26500 00*

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066.00	1	4750	\$1,140,000.00
Total this page	0	0	
Grand Total	1	4750	1,140,000.00

Name of person who prepared this report: Jason Silvano  
Title: Contract Management Specialist Phone #: 518-549-5295  
Preparer's Signature: *Jason Silvano*  
Date Prepared: 10/09/2018

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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 [online.onetcenter.org](http://online.onetcenter.org) to find a list of occupations.)