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: Alumni Staffing, LLC - U. Ahmed

Agency Code: 3650000 Contract Number: OMH01-CM100201AA-3650431

Contract Start Date: 7/1/2020 Contract End Date: 3/31/2021

	1	T	1
Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	1560	\$464,880.00
			+ · · · · · · · · · · · · · · · · · · ·
Total this page	0	0	
		1,560	
Grand Total	1	,,,,,,	\$464,880.00

Name of person who prepared this report: Jessicca McDonald

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

Preparer's Signature:

Date Prepared: 5/27/2020

(Use additional pages, if necessary)

Page 1 of 1

^{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 to find a list of occupations.)