

ATTACHMENT H

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
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State Agency Name: Office of Mental Health	Agency Code: OMH01
Contractor Name: Rockland BOCES	Contract Number: OP101107
Contract Start Date: 11/30/2016	Contract End Date: 06/29/2018

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Speech-Language Pathologists	1	1600	\$55,569.05
Occupational Therapists	1	1600	\$55,569.05
Total this page	2	3200	
Grand Total	2	3,200	\$111,138.10

Name of person who prepared this report: Sarah Normile

Title: CMS 1

Phone #: 518-549-5280

Preparer's Signature: 

Date Prepared: 04/12/2021

(Use additional pages, if necessary)

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