

**APPENDIX I
Consultant Disclosure
Form A**

OSC Use Only: Reporting Code: Category Code: Date Contract Approved:
--

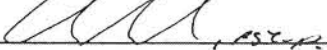
FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term
--

State Agency Name: NYS OMH	Agency Code:
Contractor Name: New York University	Contract Number: C020694
Contract Start Date: 07/01/2017	Contract End Date: 06/30/2019

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-1011.00 - Chief Executives	1	728.00	\$ 96,756.00
11-3011.00 Administrative Services	16	12103.00	556,776.00
21-1093.00 Social and Human Servi	4	6916.00	298,605.00
11-3131.00 Training and Developme	4	4368.00	246,866.00
27-2012.03 Program Directors	3	4513.09	328,092.00
Total this page	28	28628.09	\$ 1,527,095.00
Grand Total			

Name of person who prepared this report: Andrew Cleek
 Title: Chief Program Officer Phone #: 212.998.9093

Preparer's Signature:  _____

Date Prepared: 04/30/2018