

**ATTACHMENT H
Consultant Disclosure Form A**

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

FORM A

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

State Agency Name: OMH01	Agency Code: OMH01
Contractor Name: Candice Cleveland <i>LCSW PC</i>	Contract Number: C100434
Contract Start Date: 12/1/17	Contract End Date: 04/30/2019

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>21-1029.00 (social worker)</i>	<i>1</i>	<i>8-10 hrs. wk</i>	<i>\$ 360,000.00</i>
Total this page	0	0	
Grand Total			

Name of person who prepared this report:
 Title: *President* Phone #: *607-368-3822*
 Preparer's Signature: *Candice Cleveland LCSW PC*
 Date Prepared: *2/15/18*
 (Use additional pages, if necessary) Page of

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.)