

**ATTACHMENT H  
Consultant Disclosure Form A**

<b>OSC Use Only:</b> Reporting Code: Category Code: Date Contract Approved:
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**FORM A** OMH01-C200444-3650520

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

State Agency Name: <u>NYS OMH/Rochester PC</u>	Agency Code: <u>3650520</u>
Contractor Name: <u>Rochester Institute of Technology</u>	Contract Number: <u>C200444</u>
Contract Start Date: <u>[Contract Start Date] 5/1/2018 - 4/30/2023</u>	Contract End Date: <u>[Contract End Date]</u>

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
		*Approximately:	*Approximately:
Counselor	3	1,500 each (\$71.34/Hour)	\$107,010 each
*Per Contract – Contractor will be paid for actual hours worked based on patient need.			
Total this page	3	4,500	\$321,030.00
Grand Total	3	4,500	\$321,030.00

Name of person who prepared this report:  
 Title: Director Phone #: 585 736-2148  
 Preparer's Signature: *K. Bare*  
 Date Prepared: 6/11/18  
 (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](http://online.onetcenter.org) to find a list of occupations.)