

**ATTACHMENT H  
Consultant Disclosure Form A**

OSC Use Only:

Reporting Code: CUG

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

Agency Code: 3650000

Contractor Name: Staff Care, Inc. - L. Winther

Contract Number: OMH01-

CM100199AB-3650631

Contract Start Date: 8/27/2018

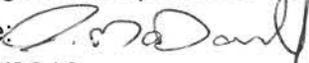
Contract End Date: 9/4/2023

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	9600	\$2,402,400.00
Total this page	0	0	
Grand Total	1	9,600	\$2,402,400.00

Name of person who prepared this report: Jessica McDonald

Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

Preparer's Signature: 

Date Prepared: 7/19/2018

(Use additional pages, if necessary)

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.)