## ATTACHMENT H Consultant Disclosure Form A

OSC Use Only:	e .	,
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 Office of Mental Health

Agency Code: OMH01

Contractor Name: PSI International, Inc.

Contract Number: C101037

Contract Start Date: 08/14/2019

Contract End Date: 03/31/2020

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Employment Category <sup>1</sup>		Number of Employees		er of hours to e worked	Amount Payable Under the Contract
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Total this page				699.75	\$54,314.60
Grand Total		1		699.75	\$54,314.60

Name of person who prepared this report: August Heinrich

Title: Contract Management Spegialist

Phone #: 518-549-5257

Preparer's Signature:

Date Prepared: 11/18/2019

(Use additional pages, if necessary)

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<sup>1. (</sup>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.)