

**ATTACHMENT H  
Consultant Disclosure Form A**

OSC Use Only: Reporting Code: Category Code: Date Contract Approved:
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**FORM A** *OMH01-CM100199AF-3650367*

**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 Contractor Name: Staff Care Inc. - H. Jayawardena Contract Start Date: 10/21/2019	Agency Code: 3650000 Contract Number: OMH01- CM100199AF-3650367 Contract End Date: 9/4/2023
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Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	7973	\$1,897,653.33
Total this page	0	0	
Grand Total	1	7,973	\$1,897,653.33

Name of person who prepared this report: Jessica McDonald  
 Title: Contract Management Specialist Trainee Phone #: (518) 549-5224  
 Preparer's Signature: *J. McDonald*  
 Date Prepared: 9/30/2019

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.)