

**ATTACHMENT H
Consultant Disclosure Form A**

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

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term
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State Agency Name: NYS Office of Mental Health Contractor Name: Staff Care, Inc. - V. Sawhney Contract Start Date: 3/26/2020	Agency Code: 3650000 Contract Number: OMH01- CM100210AC-3650433 Contract End Date: 9/4/2023
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Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	7280	\$3,632,720.00
Total this page	0	0	
Grand Total	1	7,280	\$3,632,720.00

Name of person who prepared this report: Jessica McDonald
 Title: Contract Management Specialist I
 Preparer's Signature:  Phone #: (518) 549-5224
 Date Prepared: 3/2/2020
 (Use additional pages, if necessary) Page 1 of 1

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.)