

ATTACHMENT H

OSC Use Only:

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: *Stat Portable X-Ray Inc.*

Contract Number: C201459

Contract Start Date: March 1, 2022

Contract End Date: February 28, 2027

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>Mobile X-Ray/Health Services</i> 29-2034 00	<i>5</i>	<i>3,000 AM</i>	<i>\$ 327,000</i>
Total this page	<i>5</i>		
Grand Total	<i>5</i>		\$327,000

Name of person who prepared this report: *Menachem Leder*

Title: *Operations Manager*

Phone #: *718-217-8000*

Preparer's Signature: *Menachem Leder*

Date Prepared: *1/11/21*

(Use additional pages, if necessary)

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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.)