ATTACHMENT H Consultant Disclosure Form A

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: Office of Mental Health Contractor Name: Sam Cali DBA Alfred Counseling Associates Contract Start Date: 1/1/22 Agency Code: OMH01 Contract Number: S100591AN Contract End Date: 12/31/26

	Number of	Number of hours to	Amount Davabla
Employment Category ¹	Employees	be worked	Amount Payable Under the Contract
21-014.00	1	1208	\$129,000.00
Total this page	0	0	
Grand Total	1	1208	\$129,000.00

Name of person who prepared this report: Andrew M Alliger

Title: Contract management Specialist 1

Phone #: 518-549-5272

Preparer's Signature: Andrew M Alliger Date Prepared: 01/20/2022

(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 <u>online.onetcenter.org</u> to find a list of occupations.)

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