

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**

State Agency Name: NYS Office of Mental Health	Agency Code: OMH01
Contractor Name: HR Food Safe	Contract Number: C101480
Contract Start Date: 06/01/2022	Contract End Date: 05/31/2027

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-9051.00	1	1150	\$129,000.00
Total this page	0	0	
Grand Total	1		\$129,000.00

Name of person who prepared this report: August Heinrich
 Title: Contract Management Specialist Phone #: 518-549-5257
 Preparer's Signature:
 Date Prepared: 06/16/2022
 (Use additional pages, if necessary) Page of

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).