

**ATTACHMENT H  
Consultant Disclosure Form A**

<b>OSC Use Only:</b> Reporting Code: Category Code: Date Contract Approved:
--------------------------------------------------------------------------------------

**FORM A**

<b>State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term</b>
--------------------------------------------------------------------------------------------------------------------------------------

State Agency Name: NYS Office of Mental Health Contractor Name: Lavaca Street Ventures, LLC Contract Start Date: 12/12022	Agency Code: 3650000 Contract Number: OMH01- CM101744-3650000 Contract End Date: 9/4/2023
---------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	1	\$1.00
Total this page	0	0	
Grand Total	1	1	\$1.00

Name of person who prepared this report: Marc VanDeusen  
 Title: Contract Management Specialist I Phone #: 518-549-5273  
 Preparer's Signature: *Marc VanDeusen*  
 Date Prepared: 1/5/2023

(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](http://online.onetcenter.org) to find a list of occupations.)