

**ATTACHMENT C**  
**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: The New York State Office of Mental Health

Agency Code: OMH01

Contractor Name: Florida Certification Board DBA  
National Certification Board for Behavioral Health Professionals

Contract Number: C102277

Contract Start Date: 01/01/2025


Contract End Date: 12/31/2029

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Management Analysts (13-1111.00)			
Officials/Administrators	4	20/week	\$382,176.00
Certification Specialists	4	40/week	\$150,480.00
Financial/Accounting	2	20/week	\$139,716.00
Total this page	0	0	
Grand Total	10	80/week	\$672,327.00

Name of person who prepared this report: Neal A. McGarry

Title: President & CEO

Phone #: 850-222-6314

Preparer's Signature: 

Date Prepared: 12/ 5 / 2024

(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, online at [online.onetcenter.org](https://online.onetcenter.org) to find a list of occupations.