APPENDIX I Consultant Disclosure Form B

FORM B		·	OSC Use Only	y:	
Reportin			Reporting Cod	eporting Code:	
			Category Code	<u>e:</u>	
State Consultant Services					
Contractor's Annual Employment Report					
Report Period: April 1, 2025 to March 31, 2026					
Contracting State Agency Name:NYS Office of Mental Health Contract Number: C202427 Contract Term: 01/01/2025to 12/31/2029 Contractor Name: Admiral Staffing Contractor Address: 580 8th Ave, 15th flr New York, NY 10018 Description of Services Being Provided: Anesthesiologist Services					
	_				
Scope of Contract (Choose one that best fits): Analysis					
*Employment Category	Number of Employees	Number of Ho	urs Worked	Amount Payable Under the Contract	
29-1211.00	1		520	\$187,200.00	
Total this page					
Grand Total	1		520	\$187,200.00	
Name of person who prepared this report Preparer's Signature: Title: Contract Management Specialist 1000 Date Prepared: 11/05/2024		ne #: (518) 5	49-0190		
(Use additional pages if necessary)				Page 1 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.)