

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: NYS Office of Mental Health

Agency Code: 3650000

Contractor Name: Jackson & Coker

Contract Number: OMH01-
CM100202AH-3650420

Contract Start Date: 8/12/2024

Contract End Date: 08/31/2024

| Employment Category ¹ | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|----------------------------------|---------------------|------------------------------|-----------------------------------|
| 29-1066-00 | 1 | 120 | \$40,320.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total this page | 1 | 120 | \$40,320.00 |
| Grand Total | 1 | 120 | \$40,320.00 |

Name of person who prepared this report: Corey Martin

Title: Contract Management Specialist I

Phone #: (518) 549-5299

Preparer's Signature:



Date Prepared: 9/13/2024

(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 to find a list of occupations.)