

**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: Office of Mental Health Contractor Name: Suzanne Fields, Consulting, LLC Contract Start Date: 4/1/2025	Agency Code: 3650000 Contract Number: OMH01- C102604-3650000 Contract End Date: 3/30/2027
---------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<b>21-1093.00</b>	3	2,052	\$701,296.00
Total this page	0	0	
Grand Total	3	2,052	\$701,296.00

Name of person who prepared this report: Patrick Sheehan  
 Title: Contract Management Specialist Phone #: (518)708-7424  
 Preparer's Signature:  
 Date Prepared: 10/24/25  
 (Use additional pages, if necessary)

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.)