

**ATTACHMENT C
Consultant Disclosure, Form A**

OSC Use Only: Reporting Code: Category Code: Date Contract Approved:
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FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term
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State Agency Name: NYS Office of Mental Health Contractor Name: Foundation for Cognitive Therapy and Research dba Beck Institute Contract Start Date: TBD	Agency Code: Contract Number: C102640 Contract End Date: TBD
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Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
13-1151.00: Training and Development Specialists	9	1034	\$546,460.
Total this page	9	1034	\$546,460.
Grand Total	9	1034	\$546,460.

Name of person who prepared this report: Julie Snow-Regan
 Title: Secretary, Director of Operations Phone #: 610-664-3020
 Preparer's Signature: *Julie Snow-Regan*
 Date Prepared: 09/15/2025
 (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 to find a list of occupations