

**APPENDIX I  
Consultant Disclosure  
Form A**

**OSC Use Only:**

Reporting Code:

Category Code: *CC*

Date Contract Approved:

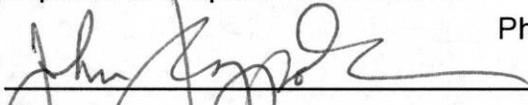
**FORM A**

**State Consultant Services - Contractor's Planned Employment  
From Contract Start Date Through The End Of The Contract Term**

State Agency Name: Office of Mental Health	Agency Code: OMH01/3650000
Contractor Name: Alc/Sub Abus. Prov of NYS	Contract Number: C020264
Contract Start Date: 01/01/2015	Contract End Date: 12/31/2016

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
43-9199.00 Administrative Support	1	3640 hrs.	\$ 90,000.00
43-9061.00 Office Clerk	3.7	6754 hrs.	123,000.00
Total this page	4.7	10394	\$ 213,000.00
Grand Total			

Name of person who prepared this report: John J. Coppola  
 Title: Executive Director Phone #: 518-426-3122

Preparer's Signature: 

Date Prepared: 5-15-2015  
 (Use additional pages, if necessary)