

**APPENDIX I
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: Office of Mental Health	Agency Code: OMH01/3650000
Contractor Name: NYS Coalition for Children's	Contract Number: C020301
Contract Start Date: 07/01/2015	Contract End Date: 06/30/2016

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
None	0	N/A	\$ 0.00
Total this page	0	0	\$ 0.00
Grand Total			

Name of person who prepared this report: JACKIE WOOD
 Title: Associate Executive Director Phone #: 518-436-8712
 Preparer's Signature: 
 Date Prepared: _____
 (Use additional pages, if necessary)