

**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: <u>NYS Office of Mental Health</u>	Agency Code: <u>47360</u>
Contractor Name: <u>UPP, Inc.</u>	Contract Number: <u>C020350</u>
Contract Start Date: <u>01/01/16</u>	Contract End Date: <u>12/31/20</u>

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-3011.00-Administrative Services	1	40X48X5=9600	\$ 300,000.00
43-9199.00-OfficeandAdministrative	5	40X48X5=9600	200,000.00
27-2012.03 - Program Directors	5	12X48x5=2880	302,160.00
29-1066.00-Psychiatrists	12	150X48X5=36000	3,777,000.00
21-1021.00-Child, Family, and Sch	5	120X48X5=28800	900,000.00
21-1029.00 -Social Workers, All Oth	5	100X48X5=24000	500,000.00
11-1011.00 -Chief Executives	1	4x48x5=960	100,720.00
Total this page	34	NaN	\$ 6,079,880.00
Grand Total			

Name of person who prepared this report: Ira Bhatia

Title: Project Administrator

Phone #: 716-898-1068

Preparer's Signature: 

Date Prepared: 012716

(Use additional pages, if necessary)

Key for Employment Category

	PROJECT TEACH Budget Narrative Region 1 and 3	Form A
1.	Project Administrator	11-3011.00 - Administrative Services Managers
2.	Support Staff	43-9199.00 - Office and Administrative Support Workers, All Other
3.	Medical Director	27-2012.03 - Program Directors
4.	Child Psychiatrist	29-1066.00-Psychiatrists
5.	Liaison Coordinator	21-1021.00 - Child, Family, and School Social Workers
6.	Care Coordination Assistant	21-1029.00 -Social Workers, All Other
7.	Project Director	11-1011.00 -Chief Executives