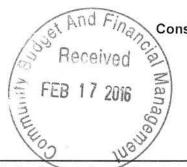
APPENDIX I Consultant Disclosure Form A



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:
Contractor Name: Four Winds Foundation	Contract Number: C020351
Contract Start Date: 01/01/2016	Contract End Date: 12/31/2020

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Pyschiatrists	1.5 FTE	14400	\$ 1,707,750.00
Health Services Manager	1.25 FTE	12188	447,500.00
Social & Human Services Assistants	.25 FTE3 FTE	5655	130,800.00
Training Specialist	.25 FTE3 FTE	2827.5	59,200.00
Administrative Services Manager	.10 FTE	975	25,400.00
Total this page	NaN	36045.5	\$ 2,370,650.00
Grand Total			

The state of the s	
Name of person who prepared this report: Title: Assisman Seneral To J	Phone #: 518.584.3608
Preparer's Signature:	
Date Prepared: 2.11.2014	
(Use additional pages, if necessary)	Page of