## ATTACHMENT H Consultant Disclosure Form A

OSC Use Only:	
Reporting Code: CVG	
Category Code:	
Date Contract Approved:	

OMHOI - CM100205AA - 3650213 FORM A

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

State Agency Name: NYS Office of Mental Health Contractor Name: LocumTenens.com LLC - A. Ali Agency Code: 3650000 Contract Number: OMH01-CM100205AA-3650213

Contract Start Date: 2/1/2018

Contract End Date: 9/4/2023

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	3484	\$886,968.33
		-	
8		-	
Total this page		0 0	
Grand Total		The second secon	\$886,968.33

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist, Trainee

Phone #: (518) 549-5224

Preparer's Signature:

Date Prepared: 3/21/2018

(Use additional pages, if necessary)

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<sup>1. (</sup>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.)