

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: NYS Department of Health Agency Code: 12000
 Contractor Name: White Glove Placement Contract Number: ~~C031858~~
 Contract Start Date: 1/1/17 Contract End Date: 12/31/21 C031857

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Infection Control Surveillance Staff (Down State)	5	48,750	\$3,570,937.50
Infection Control Surveillance Staff (Up State)	4	39,000	\$2,632,500.00
Total this page	9	87,750	\$6,203,437.50
Grand Total	9	87,750	\$6,203,437.50

Name of person who prepared this report: Howard Makowsky
 Title: Chief Operating Officer Phone #: 718-387-8163
 Preparer's Signature: *Howard Makowsky*
 Date Prepared: 12/6/16
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