

State Consultant Services

FORM A

OSC Use Only

Reporting Code: *CUB*

Category Code:

Date Contract Approved:

Contractor's Planned Employment
From Contract Start Date through End of Contract Term

New York State Department of Health
Contractor Name: **Island Peer Review Organization, Inc.**

Agency Code 12000

Contract Number: **C-033227**

Contract Start Date: 01/01/2017 ²⁰¹⁸

Contract End Date: 12/31/2022

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|--|---------------------|------------------------------|-----------------------------------|
| 11-9111.00 Medical & Health services Managers | 2.00 | 18,505 | \$1,227,252 |
| 43-9061.00 Office Clerk, General | 1.00 | 8,438 | \$293,625 |
| Travel | | | \$7,796 |
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| Totals this page: | 3.00 | 26,943 | \$1,528,673 |
| Grand Total: | 3.00 | 26,943 | \$1,528,673 |

Name of person who prepared this report: Tony Lamothe

Title: Director of Internal Audit & Budget Development

Phone #: 516-326-7767 ext. 538

Preparer's signature: _____

Date Prepared: **December 07, 2017**