State Consultant Services

FORM A

OSC Use Only

Reporting Code: CUG

Category Code:

Date Contract Approved:

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

New York State Department of Health Agency Code 12000

Contractor Name: Island Peer Review Organization, Inc. Contract Number:

ber: C 033858

Contract Start Date: 1/1/2019 Contract End Date: 12/31/2023

Employment Category	Number of Employe	be Worked	Amount Payable Under the Contract
29-1111.00 Registered Nurses	4.00	10,670	\$600,000
1			
Totals this page:	4.00	10,670	\$600,000
Totals this page: Grand Total:	4.00	10,670	\$600,000 \$600,000

Name of person who prepared this report: Tony J. Lamothe

Title: Director of Budget

Phone #: 516-326-7767 ext. 538

Preparer's signature:

Date Prepared: 1/9/2019

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(use additional pages if necessary)