

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: SUNY Upstate Medical University	
State Agency Department ID: 3320211	Agency Business Unit: SNY01
Contractor Name: Dialysis Clinic Inc.	Contract Number: RFP S-1313
Contract Start Date: 04/01/2021	Contract End Date: 03/31/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Hospital Services Nurse Manager 11-9111.00	1.00	10,400.00	\$620,399.00
Registered Nurses, including pediatric 29-141.00	9.80	101,920.00	\$5,091,849.00
HS Patient Care Technician (CCHT) 29-2099.00	3.00	31,200.00	\$923,628.00
Dietitian 29-1031.00	0.10	1,040.00	\$41,606.00
MSW 21-10220.00	0.10	1,040.00	\$41,453.00
Area Technical Manager 27-2012.05	0.10	1,040.00	\$49,836.00
Equipment Technician 31-9093.00	0.20	2,080.00	\$41,988.00
Clerical Staff 43-6014.00	0.10	1,040.00	\$73,250.00
Area Operations Director 11-1021.00	0.10	1,040.00	\$123,614.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	14.50	150,800.00	\$7,007,623.00
Grand Total			\$14,613,800.00

Name of person who prepared this report: Stephen Pottoore

Title: Corporate Director of Hospital Services

Phone #: (615) 695-7607

Preparer's Signature: _____ 

Date Prepared: 07/31/2020

Form A - Other Service Expenses Payable Under Contract

Other Expense Payable Under Contract Includes the Following	AMOUNT PAYABLE UNDER CONTRACT
Medical Director Fees Medical Supplies Drugs Labs Equipment Repair and Maintenance Depreciation Medical and Non-Medical Other Medical Data Processing Other Indirect Taxes and Insurance	\$7,606,177.00