Health Science Center Brooklyn

3320218

FORM B	FC	712	RA	R
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OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services

Contrac	tor's Annual Empl	oyment Report	
Report Per	riod: April 1, 2018	to March 31, 2019	
Contracting State Agency Name: Contract Number: C314358 Contract Term: 8 / 20/ 2013 to 12/3 Contractor Name: CARELINE SERVICE Contractor Address: 315 Fifth Aver Description of Services Being Provinces	1/2018 ICES INC. nue, Suite 806, New Yo	Agency Code: 33202 ork, NY 10016 VICES	18

Data Processing ☐ Computer Pro Engineering ☐ Architect Services Health Services ☒ Mental Health S	arch	r IT consulting	es 🗌
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
NURSING SERVICES (29-1141.00)	22	24,755	\$1,179,139.19
Total this page	22	24,755	\$1,179,139.19
Grand Total	22	24,755	\$1,179,139.19
Name of person who prepared this Preparer's Signature: Title: GENERAL MANAGER Date Prepared: 5 /13 / 2019	Mal	MLER one #: 212.686.8881	

Use additional pages if necessary)

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2018 to March 31, 2019

· · · · · · · · · · · · · · · · · · ·		**************************************	
Contracting State Agency Name: [Downstate Medic	al Center	
Contract Number: C314362		Agency Business U	nit:
Contract Term: 08/20/2013 to 12/		Agency Department	:1D:3320219
Contractor Name: Procare USA LLC			0,4 (0)
Contractor Address: 747 3 rd Ave, 2 nd		· ·	
Description of Services Being Provid	ed: Travel and I	Per Diem Contract Me	edical Staffing
·			
Scope of Contract (Choose one that b	ant fita).		
<u> </u>		ining	
☐ Data Processing ☐ Computer Pro		Other IT consulting	
☐ Engineering ☐ Architect Services	=		Services
☐ Health Services ☐ Mental Health			00111003
	ralegal 🔲 Leç	gal 🔲 Other Consul	ting
	Number of	Number of	Amount Payable
Employment Category	Employees	Hours Worked	Under the Contract
29-1141.00 Registered Nurses	14.00	5,188.65	\$321,199.80
29-1141.03 Critical Care Nurses	5.00	1,407.25	\$86,477.75
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	19.00	6,595.90	\$407,677.55
Grand Total	22.00	8,901	\$573,904.59
Name of person who prepared this re	port: Jennifer Par	ente	
Title: Director of Corporate Services	_	Phone #:	631-880-6919
Preparer's Signature:	ler Parente		
Date Prepared: 05/08/2019			

(Use additional pages, if necessary)

FORM B		OSC Use C	only;
	•	Reporting (Code:
		Category C	ode;
	State Consultant S	ervices	***************************************
Contrac	tor's Annual Empl	loyment Report	
Report	Period: April 1,201	.8 to March 31,2019	
Contracting State Agency Name: I Contract Number: C314363 Contract Term: 8/20/2013 - 12/31/2 Contractor Name: Remede Consulti Contractor Address: 99 Tulip Avenue Description of Services Being Prov	Ctr. 018 ng Group, Inc. e, Suite 105 Floral Park	Agency Code: 33202	218
Data Processing Computer Pro Engineering Architect Services Health Services Mental Health S	arch Training Deramming Other Surveying Dervices	er IT consulting [7]	9 8 🗀
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
EKG-Phieb Tech 29-2031-00	1	213.75	4,450.37
Hemo Tach 29-2099.00	. 7	2580.75	70,122.85
LPN 29-2061.00	2	629.75	22,027.97
RN - MS 29-1141.00	58	19098.75	933,853.81
RN - CC 29-1141.03	40	8760.25	460,266.44
RN-OR 2-1141	2	942	51,003.53
Total this page			
Grand Total	110	32,225.25	1,541,724.90
Name of person who prepared this Preparer's Signature: Marce Title: Office Manager Date Prepared: 5/8/2019	Basilo	one#: 516-616-6800	
Use additional pages if necessary)			Page of

FORM B		OSC Use O Reporting C Category Co	ode:
<u> </u>	State Consultant S		
	ctor's Annual Empl	-	
Report	Period: April 1,201	8 to March 31, ²⁰¹⁹	
Contracting State Agency Name: Contract Number: C# 314368 Contract Term: : 08/20/2013 to Contractor Name: Gotham Per I Contractor Address: 75 Maiden L Description of Services Being Pro	Ctr. o 12/31/2018 Diem, Inc. ane New York, NY 1	Agency Code: 33202 0038 rvices	18
Data Processing Computer Processing Architect Services Health Services Mental Health	earch Treining Cogramming Othe Surveying C	r IT consulting [_
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Registered Nurse 21-1141.00	5	2798	\$150604.40
EKG Tech 29-2031.00	1	1370.5	\$31858.14
Total this page Grand Total	4 4	1253.75 1253.75	60375.32
Name of person who prepared th	ls report:	1200.70	1 60375.32
Preparer's Signature: <u>"Manago</u> Title: Executive Director Data Prepared: 5 /42/ 2040	ace /	one#: 212 405-232	21
Date Prepared: 5 /13/ 2019 Use additional pages if necessary)			Page 1 of 1

FORM B		OSC Use C	-
		Category C	ode:
l l	State Consultant S ctor's Annual Empl		
Report	Period: April 1, ²⁰¹	⁸ to March 31, ²⁰¹⁹	
Contracting State Agency Name: I Contract Number: C314372 Contract Term: Contractor Name: TPF NWSin Contractor Address: 198 44 A Description of Services Being Production of Services Being Pr	ctr. ng Ragishy, Li no Non York, vided:	Agency Code: 33202 MC MY 15013	218
Scope of Contract (Choose one that Analysis	arch ☐ Training ☐ gramming ☐ Othe ☐ Surveying ☐ Services ☐	r IT consulting Environmental Service	es 🔲
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1141	3	27(05.25	\$141,027.75
31-1014	4	2108-25	\$,32,523.75
29-2031		1507.25	\$ 24,677.03
Total this page Grand Total	16)		\$ 198,229.13
Name of person who prepared this Preparen's Signature:	-(<u> </u>	Unrifer Son one #: 212 - 219 -	2077
Date Prepared: 5 151-19			

Use additional pages if necessary)

Page | of 2

FORM B			
FORIVI D		OSC Use C	•
		Reporting C	
·		Category C	ode:
	State Consultant S	Services	
	tor's Annual Emp		
Report	Period: April 1,201	⁸ to March 31, ²⁰¹⁹	
Contracting State Agency Name: I Contract Number: C316417 Contract Term: 7/1/14 to 4/1 Contractor Name: Staff Car Contractor Address: 8840 C401 Description of Services Being Production Services Service	Ctr. S TNC. Vess Waters I Vided:	Agency Code: 33202	
2			· · · · · · · · · · · · · · · · · · ·
Data Processing Computer Pro Engineering Architect Services Health Services Mental Health S Accounting Auditing Paral	Surveying Services	er IT consulting	es 🗌
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
NONE			uic Ooraraci

			H. H. C.
7,000		i i i i i i i i i i i i i i i i i i i	
DIPITAL SALES			

		:	
Total this page	0	<u> </u>	
Grand Total	Ó		

	Name of person who prepared this report:	Jenna Hill
	Preparer's Signature:	dio0
-	Preparer's Signature: Title: Propared Title:	Phone #: 469-524-1644
	Date Prepared: 5 / 8/ L9	

Use additional pages if necessary)

Page of

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: SUNY Downstate	e University Hospital of Brooklyn
Contract Number: C317423	Agency Business Unit: 28050
Contract Term: 07/01/2018 to 06/30/2019	Agency Department ID: (
Contractor Name: Press Ganey Associates, Inc.	3320418
Contractor Address: 404 Columbia Place, South Be	

Description of Services Being Provided: Patient Experience Services

Scope of Contract (Choose one that b	est fits):		
☐ Analysis ☐ Evaluation ☐ Re	search 🔲 Tra	ining	
☐ Data Processing ☐ Computer Pro	ogramming 🔲	Other IT consulting	
☐ Engineering ☐ Architect Services	Surveying	☐ Environmental	Services
☐ Health Services ☐ Mental Health	Services		
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Leg	gal 🛛 Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
43-4051.00(Cust Serv Rep)	2.00	100.00	\$44,761.53
43-9021.00 (Data Entry Keyers)	100.00	100.00	\$2,984.10
43-9021.00 (Mail Clerk and Mail)	25.00	40.00	\$1,989,40
41-3099.99 (Sales Rep)	1.00	25.00	\$14,920.51
43-3021.02 (Billing Cost Clerk)	4.00	1.00	\$49.74
19-3099.99 (Social Science and Related Worker)	4.00	10.00	\$4,973.50
operate our business in the manner where hours are specifically allocated per person on an account basis. The information provided is best information available	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	136.00	276.00	\$69,678.78
Grand Total			

Name of person who prepared this report: Dennis Greenan

Title: Finance Director

Phone #: 800-232-8032

Preparer's Signature: Wanne Thaenen

a. To:

Contract Number: C319457 Ctr. Contract Term: 1/1/2019-12/31/23 Contractor Name: Aya Healthcare, Inc. Contractor Address: 5930 Cornerstone Ct W #300, San Diego, CA Description of Services Being Provided: Temporary Clinical Staffi Scope of Contract (Choose one that best fits): Analysis	•
Contractor's Annual Employment I Report Period: April 1,2018 to Mar Contracting State Agency Name: Downstate Med. Agency Contract Number: C319457 Ctr. Contract Term: 1/1/2019-12/31/23 Contractor Name: Aya Healthcare, Inc. Contractor Address: 5930 Cornerstone Ct W #300, San Diego, CA Description of Services Being Provided: Temporary Clinical Staffi Scope of Contract (Choose one that best fits): Analysis	Category Code: Report ch 31,2019
Contractor's Annual Employment I Report Period: April 1, 2018 to Mar Contracting State Agency Name: Downstate Med. Agency Contract Number: C319457 Ctr. Contract Term: 1/1/2019-12/31/23 Contractor Name: Aya Healthcare, Inc. Contractor Address: 5930 Cornerstone Ct W #300, San Diego, CA Description of Services Being Provided: Temporary Clinical Staffi Scope of Contract (Choose one that best fits): Analysis	Report ch 31, ²⁰¹⁹
Contractor's Annual Employment I Report Period: April 1,2018 to Mar Contracting State Agency Name: Downstate Med. Agency Contract Number: C319457 Ctr. Contract Term: 1/1/2019-12/31/23 Contractor Name: Aya Healthcare, Inc. Contractor Address: 5930 Cornerstone Ct W #300, San Diego, CA Description of Services Being Provided: Temporary Clinical Staffi Scope of Contract (Choose one that best fits): Analysis	ch 31, ²⁰¹⁹
Contracting State Agency Name: Downstate Med. Agency Contract Number: C319457 Ctr. Contract Term: 1/1/2019-12/31/23 Contractor Name: Aya Healthcare, Inc. Contractor Address: 5930 Cornerstone Ct W #300, San Diego, CA Description of Services Being Provided: Temporary Clinical Staffic Scope of Contract (Choose one that best fits): Analysis	ch 31, ²⁰¹⁹
ContractIng State Agency Name: Downstate Med. Agency Contract Number: C319457 Ctr. Contract Term: 1/1/2019-12/31/23 Contractor Name: Aya Healthcare, Inc. Contractor Address: 5930 Cornerstone Ct W #300, San Diego, CA Description of Services Being Provided: Temporary Clinical Staffi Scope of Contract (Choose one that best fits): Analysis	
Contract Number: C319457 Ctr. Contract Term: 1/1/2019-12/31/23 Contractor Name: Aya Healthcare, Inc. Contractor Address: 5930 Cornerstone Ct W #300, San Diego, CA Description of Services Being Provided: Temporary Clinical Staffii Scope of Contract (Choose one that best fits): Analysis	Code: 3320218
Contract Number: C319457 Ctr. Contract Term: 1/1/2019-12/31/23 Contractor Name: Aya Healthcare, Inc. Contractor Address: 5930 Cornerstone Ct W #300, San Diego, CA Description of Services Being Provided: Temporary Clinical Staffii Scope of Contract (Choose one that best fits): Analysis	Code: 3320218
Analysis Evaluation Research Training Data Processing Computer Programming Other IT consuses Engineering Architect Services Surveying Environment Services Mental Health Services Legal Other Cores Accounting Auditing Paralegal Legal Number of Employees Number of Employees	v 92121 ng Services
Analysis Evaluation Research Training Data Processing Computer Programming Other IT consuses Engineering Architect Services Surveying Environment Services Mental Health Services Legal Other Cores Accounting Auditing Paralegal Legal Number of Employees Number of	
	liting nental Services neutal Services neutal Services
	Hours Worked Amount Payable Under the Contract
<u>29-1141</u> <u>18</u> <u>6,023.41</u>	The state of the s
	The state of the s
Total this page 18 6,023.41	
Grand Total 18 6,023.41	\$406 683 21
Name of person who prepared this report: Kelly Von Hagen Preparer's Signature: Title: Director of Facility Contracts Phone #:858	The state of the s

Use additional pages if necessary)

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OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services

i e	tor's Annual Empl		
Report Per	iod: April 01, 2018	to March 31, 2019	
Controding Chale Assembly			
Contracting State Agency Name: Contract Number: C319458 Contract Term: 01/01/2019 to 12/3 Contractor Name: CARELINE SERVI Contractor Address: 315 Fifth Aver Description of Services Being Prov	1/2023 CES INC. nue, Suite 806, New Yo	Agency Code: 33202 ork, NY 10016 vices	18
Data Processing Computer Pro Engineering Architect Services	arch] er IT consulting [] Environmental Service	es 🗌
Health Services 🗵 Mental Health S Accounting 🗌 Auditing 🗍 Paral		Other Consulting [
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
NURSING SERVICES (29-1141.00)	16	6,543.50	\$335,529.38
		and the second s	
			N-10-10-10-10-10-10-10-10-10-10-10-10-10-
Total this page	16	6,543.50	\$335,529.38
Grand Total	16	6,543.50	\$335,529.38
Name of person who prepared this	report) DAVID LAV	VLER	
Preparer's Signature: Title: GENERAL MANAGER	Was -	200 #: 040 200 200	
Date Prepared: 5 /13 / 2019	r-110	one #: 212.686.8881	

Use additional pages if necessary)

AC 3271-S (Effective 4/12)

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 Downstate Medical Center

State Agency Department ID: 3320218 Agency Business Unit:

Contractor Name: CHG Medical Staffing, Inc d/b/a

RN Network

Contract Start Date: 04/01/2019

Contract Number: C319459

Contract End Date: 03/31/2020

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Registered Nurses 29-1141.00	16.00	32,000.00	2,089,800
Operating Room Tech 29-2055.00	1.00	1,000.00	53,000
	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
	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	17.00	33,000.00	\$2,089,800.00
Grand Total	17.00	33,000.00	2,089,800.00

Name of person who prepared this report: Jeff Stevens

Title: Sr. Account Administration

Preparer's Signature: ____ Date Preparer: 5/14/2019

(Use additional pages, if necessar,

Phone #: 800-724-2650

AC 3272-S (Effective 4/12)

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2018 to March 31, 2019

Contract Number: C319459

Agency Business Unit:

Contract Term: 04/01/2018 to 03/31/2019

Scope of Contract (Choose one that best fits):

Agency Department ID: 3320218

Contractor Name: CHG Medical Staffing d/b/a RN Network

Contractor Address: 4700 Exchange Court, #125, Boca Raton, FL 33431 Description of Services Being Provided: Temporary Healthcare Staffing

☐ Data Processing ☐ Computer P☐ Engineering ☐ Architect Service ☐ Health Services ☐ Mental Health	rogramming [] es [] Surveying		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Registered Nurses 29-1141.00	0.00	0.00	\$0.00
Operating Room Tech 29-2055.00	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total	0.00	0	\$0.00

Na	ame	Of	person v	vho	prepared	this-report:	Jeff-Stevens
----	-----	----	----------	-----	----------	--------------	--------------

Title: Sr. Account Administrator

Preparer's Signature:

Date Prepared: 05/15/2019

(Use additional pages, if necessary)

Phone #: 800-724-2650

Page

of

AC 3272-S (Effective 4/12)

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Contracting State Agency Name: State Contract Number: C319461 Contract Term: 1/1/2019 to 12/31 Contractor Name: The ExecuSearch Contractor Address: 675 Third Avenuescription of Services Being Provide	/2023 Group LLC ue New York, N	Agency Business U Agency Department 7 10017	ID: 3320218
☐ Data Processing ☐ Computer Pr☐ Engineering ☐ Architect Services ☐ Mental Health	search Tra ogramming s Surveying	Other IT consulting Environmental	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1141.00 Registered Nurses	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
	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	0.00	0.00	\$ 0.00
Grand Total	0.00	. 0	\$0.00
Name of person who prepared this re Title: Director Preparer's Signature:	port: Sandra Hulje		(212) 871-0613

(Use additional pages, if necessary)

FORM B	•	OSC Use O	nlv:
		Reporting C	•
		Category Co	ode:
	State Consultant S	ervices	
	tor's Annual Empi		
		8 to March 31, ²⁰¹⁹	
Contracting State Agency Name: D Contract Number: C# 319463	ownstate Med. Ctr.	Agency Code: 33202	18
Contract Term: : 1/01/2019 - 12			
Contractor Name: Gotham Per D	iem, Inc.		
Contractor Address: 75 Maiden Description of Services Being Prov	Lane New York,	NY 10038	
Description of Octaves Being Pro-	nues. Nursing Se	I VICES	
Scope of Contract (Choose one tha		-	
	arch Training [
Data Processing		r IT consulting Environmental Service	m
Health Services 🛛 Mental Health S		Environmental Service	38 L.J
Accounting Auditing Paral		Other Consulting	
		T	Amount Payable Under
Employment Category	Number of Employees	Number of Hours Worked	the Contract
RN 21-1141.00	3	905.5	51494.79
KG Tech 29-2031.00		348.25	8888.53
Total this page	4	1253.75	60375.32
Grand Total	4	1253.75	60375.32
Name of person who prepared this	The state of the s		
) Panati		
Preparer's Signature: /// 4 / 44			Marie (Marie and Antonio a
Preparer's Signature: Maga Title: Executive Director	uit Holden	one#: 212 405-233	21
Preparer's Signature: /// @	uit Holden	one #: 212 405-232	21

FORM B		OSC Use O	nly:
	Reporting Code:		
		Category Co	ode;
-	State Consultant	Services	
Contrac	ctor's Annual Emp	loyment Report	
Report	Period: April 1,20	¹⁸ to March 31, ²⁰¹⁹	
Contracting State Agency Name: 1 Contract Number: C# 319463	Ctr.	Agency Code: 33202	:16
Contract Term: : 08/20/2013 to			
Contractor Name: Gotham Per I Contractor Address: 75 Maiden L	Jiem, Inc.	10020	
Description of Services Being Pro	ane New York, NY vided: Nursing Sc	arvices	
**************************************		· · · · · · · · · · · · · · · · · · ·	***************************************
Scope of Contract (Choose one the	at best fits):		
	earch Training		
Data Processing 🔲 — Computer Pro			
Engineering Architect Services		Environmental Service	es 🔲
Health Services Mental Health			
Accounting 🔲 Auditing 🔲 Pare	ilegal Legal L	Other Consulting	
Marphy gravest Dubugus /	therefore of Best from	Herebury Hillows Vertus	Amount Payable Under
Registered Nurse 21-1141.00	5	2798	\$150604.40
EKG.Tech 29-2031.00	1	1370.5	\$31858.14
CNA 31-1014.00	11	320.75	\$4804.84

			<u> </u>
			
Total this page	7	4489.25	\$187267.08
Grand Total	7	4489.25	\$187267.08
Name of person who prepared the			-
Preparer's Signature: <u>Marq o</u>	ace /	/hone#: 212 405-23	24
Title: Executive Director Date Prepared: 5 /13/ 2019	! **	Tione #: 212 405-23	41
Use additional pages if necessary)			Page / of ス
THE BUILDING POSES IN LICITION (A)			rage / OT 人

To:

OSC Use Only: Reporting Code: Category Code:

Page: 3 of 3

FORM B

Contrac	State Consultant Selector's Annual Emplo		
Report Per	iod: April 1, 2018 to	March 31, 2019	
Contracting State Agency Name: SUN Contract Number: C319464 Contract Term: 1/1/19 to 12/ Contractor Name: Healthcare Staffing Contractor Address: 6914 Canby Ave Description of Services Being Provide	31/23 Professionals, Inc nue, Suite 109 Reseda	ı, CA 91335	Code: 3320218
Scope of Contract (Choose one that Analysis Evaluation Data Processing Architect Services Accounting Auditing Auditing	on Resea Computer Programm ices Survey Mental He Paralegal	ing Other I ring Environ ralth Services Legal 0	Training Tronsulting mental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Nursing	0		0
Total this page	0		0
Grand Total	0		\$0.00
Name of person who prepared this rep Preparer's Signature:	Cornelius Mam	boleo	
Title: Vice President of Staffing		Phone #: <u>818-921-</u>	3126
Date Prepared: 05/09/2019 Use additional pages if necessary)			Page 1 of 1

FORM B		OSC Use (Only:
		Reporting C	Code:
		Category C	ode:
	State Consultant S	iervices	
Com	tractor's Annual Empl	oyment Report	
	ort Period: April 1,201	•	•
Contracting State Agency Nam		Agency Code: 33202	218
Contract Number: C319466	Ctr.		
Contract Term: 1/1/19 - 12/31/2 Contractor Name: Medical Staff			
Contractor Address: 25 Kenned	ing Services inc.	D 4-1. NT 0003.C	
Description of Services Being	ry Divo., Suite 200 East Provided: Temposes: N	prunswick, NJ 08816	abatata - Caminaa
manufaction of the confidence of	TOVICEG. LEMPORARY IN	arsing and medical re	conician Services
Scope of Contract (Choose one			
Analysis Evaluation R	esearch Training	<u>"</u>	
Data Processing Computer	Programming [] Other	r IT consulting	
Engineering Architect Servi		Environmental Service	98 🔲
	th Services 🔲		
Accounting Auditing P	araiegal 🔲 Legal 🔲	Other Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under
			the Contract
N/A	N/A	N/A	N/A
		,	

		·	
10 (10 × 10 × 10 × 10 × 10 × 10 × 10 × 1			······································
Total this page	0	0	0
Grand Total	0	Ö	0
THE PART AND A STREET		V	<u> </u>
Name of person who prepared	his report: Nif Leder		······································
Preparer's Signature:			
Titie: Operations Specialist	Phi	one #: 732-238-6050	*************************************
Date Prepared: 5/8/19		7. 154-430-0V3V	

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TO:15184748030 FROM:800

FORM B		OSC Use O	balter	
		Reporting C	•	
		Category C	ode:	
	State Consultant S	A		
Contra	ctor's Annual Empi	·, · , · , · , · , · , · , · , · , · ,		
	Period: April 1,201	•		
		to march or,	management of the state of the	
Contracting State Agency Name: Contract Number: @31946 Contract Term: :5 Years Contractor Name: MITCHELL Contractor Address: 307 Wi Description of Services Being Pro	t ctr. I MARTIN INC. 38th St Ste	Agency Code: 33202	•	
ako Kasatan yangan manapatan biran daka daka daka da karan da			en de verse en	
Analysis Evaluation Research Training Data Processing Computer Programming Officer IT consulting Engineering Architect Services Surveying Environmental Services Health Services Mental Health Services Accounting Auditing Paralegal Legal Officer Consulting				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
NJH				

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		and the same and the company and the same an		
			and Military parameters and the same and a state of the graph of the same and the s	

			440	
Total this page				
Grand Total				
Name of person who prepared the Preparer's Signature:		· · · · · · · · · · · · · · · · · · ·		
Title: OPERATIONS TEAM C	Turne -	LEMANOWICE One # 715. 8098		
	Turne -	er our		

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: Downstate Medical Center Contract Number: C319470 Agency Business Unit: Contract Term: 01/01/2019 to 12/31/2023 Agency Department ID: 33 (2) (3) Contractor Name: Procare USA LLC Contractor Address: 747 3rd Ave, 2nd Floor, New York, NY 10017				
Description of Services Being Provide	ed: Travel and F	Per Diem Contract Me	edical Staffing	
Scope of Contract (Choose one that best fits): Analysis Evaluation Research Training Data Processing Computer Programming Other IT consulting Engineering Architect Services Surveying Environmental Services Health Services Mental Health Services Accounting Auditing Paralegal Legal Other Consulting				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
29-1141.00 Registered Nurses	14.00	1,966.00	\$142,029.79	
29-1141.03 Critical Care Nurses	3.00	339.50	\$24197.30	
	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	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
Total this Page	17.00	2,305.50	\$262,608.29	
Grand Total	22.00	8,901	\$573,904.59	
Name of person who prepared this report: Jennifer Parente Title: Director of Corporate Services Phone #: 631-880-6919 Preparer's Signature:				

FORM B		OSC Use O	niv:		
		Reporting C	* 1		
		Category Co	de:		
	State Consultant S				
·	tor's Annual Empl	•			
Report F	Period: April 1, ²⁰¹	⁸ to March 31, ²⁰¹⁹			
			-		
Contracting State Agency Name: Downstate Med. Agency Code: 3320218 Contract Number: C319471 Ctr. Contract Term: 1/1/2019- 12/23/2023 Contractor Name: RCM Technologies (USA), Inc., dba RCM Health Care Services Contractor Address: 575 8th Avenue, 6th Floor, New York, NY 10018					
Description of Services Being Prov		0010			
Temporary Nursing and Medical Technic					
<u> </u>			· · · · · · · · · · · · · · · · · · ·		
Scope of Contract (Choose one tha	······································				
Data Processing Computer Programming Other IT consulting Engineering Architect Services Surveying Environmental Services Health Services Mental Health Services Legal Other Consulting Paralegal Legal Other Consulting					
Employment Category	Employment Category Number of Employees Number of Hours Worked Amount Payable Under the Contract				
None					
	<u> </u>				
Total this page					
Grand Total					
D	ad by:	<u> </u>			
Name of person who prepared this Preparer's Signature:	report: Michael Sa	lks			
Title: President, Health Care Service	Ph	one #: 917-286-5220			
Date Prepared: 05 /09/2019 5/9/2	013				

Use additional pages if necessary)

Page of

FORM B		OSC Use Reporting Category	Code:
	State Consultant		
Con	tractor's Annual Emp	loyment Report	
Rep	ort Period: April 1,20	18 to March 31, ²⁰¹⁹	
Contracting State Agency Nan Contract Number: C319472 Contract Term: 1/1/2019 - 12/31/2	Ctr.	Agency Code: 3320	218
Contractor Name: Remede Consu Contractor Address: 99 Tulip Aver	THE SHIP THE CINES BOOK AN	11001	
Description of Services Being	Provided: Nursing		
Scope of Contract (Choose one Analysis	essarch 🗀 🛮 Treining 🛭		
ingineering 🗍 Architect Services 🖾 Mental Heal	Programming Other Cares Surveying th Services analegal Legal	Environmental Service	96 []
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Und
EKG-Phieb Tech 29-2031.00		90	the Contract 2.385.04
Hemo Tech 29-2099.00	3	598.75	18,603.75
RN-MS 29-1141.00	38	5402.25	
RN-CC 29-1141.03	25	3163.75	297,322,74
RN-OR 29-1141	1	234.75	195,000.20 15,012.50
Total this page			
Grand Total	68	9,487.50	528,324.23
			VLUMCT.EO
ame of person who prepared t	his report:		
reparer's Signature: Mar tie: Office Manager	rio Basile Pho	one #: 516-816-6800	
ate Prepared: 5/ 8 /2019	——————————————————————————————————————	ліс Л. э 10-010-08(I)	
se additional pages if necessary)			Page of

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, <u>2018</u> to March 31, <u>2019</u>					
Contracting State Ag	ency Name: Sunbelt S	taffing, LLC		· · · · · · · · · · · · · · · · · · ·	
Contract Number:	C-319474		Agency Business Uni	t: 3320218	
Contract Term: 01/	01/2019 to 12/3	31/2023			
		7172020			
Contractor Name:	Sunbelt Staffing, LLC				
Contractor Address:	3687 Tampa Road, Suit	e 200, Oldsmar, FL 3	4677		
Description of Service	es Being Provided Pro	vision of temporary nu	irses and medical tech	nnicians	
Scope of Contract (C	hoose one that best Fits)				
☐ Analysis	☐ Evaluation	☐ Research	☐ Training	9	
Data Processing	Computer Programmi	ng 🔲 Other IT C	onsulting		
Engineering	Architect Services	☐ Surveying	☐ Environ	mental Services	
⊠ Health Services	Mental Health Service	s			
☐ Accounting	☐ Auditing ☐ I	Paralegal `	Legal	Other Consulting	
Employment Category Number of Number of Amount Payable Employees Hours Worked Under the Contract					
		0	0	\$ 0	
				\$	
				\$	
	······································			\$	
				\$	
				\$	
				\$	
				\$.	
		,	·	\$	
	his Page	0	0	\$ 0	
Gran	d Total	0	0	\$ 0	
Name of person who pr	repared this report: Jena	Zander			
Title: Director of Adr	Title: Director of Administration Phone #: 813-792-3467				
Preparer's Signature:					
Date Prepared: 05/14/2019					

FORM B		OSC Use O	•		
		Category Co			
	State Consultant S				
li de la companya de	tor's Annual Empl	•			
Report	Period: April 1,201	8 to March 31, ²⁰¹⁹			
Contracting State Agency Name: I Contract Number: 3 9478	Ctr.	Agency Code: 33202	18		
Contract Term: Contractor Name: TPF NurSin Contractor Address: 198 04	a Registry luc Avo. Now Y	nk, NY 1003			
Description of Services Being Prov	Λ		•		
I fromiding nurses to h	ospital				
Scope of Contract (Choose one that best fits): Analysis					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract_		
29-1141		867	\$53,220		
31-1014		208	84,784		
29 – 2031		404.50	\$ 12,135		
			-		
Total this page	h/\				
Grand Total	///		\$ 70139		
Name of pargap who propers the	report/ Unrufe	(1 2000)			
Name of person who prepared this Preparer's Signature:	1 poil Carron				
Title: DOKOO	Ph	one#: 212- 219	-2677		

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-Date-Prepared:5+K/

Page 2of 2

F	O	R	M	R

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Reporting Code:	
Category Code:	

State Consultant Services Contractor's Annual Employment Report

Report Period: April 01, 2018 to March 31, 2019					
Contracting State Agency Name: SUNY DOWNSTATE Agency Code: 3320218 Contract Number: C319493 Contract Term: 01/01/2019 to 12/31/2019 Contractor Name: CARELINE SERVICES INC. Contractor Address: 315 Fifth Avenue, Suite 806, New York, NY 10016 Description of Services Being Provided: NURSING SERVICES					
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Scope of Contract (Choose one that best fits): Analysis					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
NURSING SERVICES (29-1141.00)		253.25	\$ 16,269.75		
Total this page	1	253.25	\$ 16,269.75		
Grand Total	1	253.25	\$ 16,269 <i>.</i> 75		
Name of person who prepared this report: DAVID LAWLER Preparer's Signature: Title: GENERAL MANAGER Phone #: 212.686.8881 Date Prepared: 5 /13 / 2019					

Use additional pages if necessary)

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: State University of New York, Down State Medical				
Contract Number: C370283 Agency Business Unit: Agency Department ID: 3320218				
Contractor Name: Cerner Health Ser		rigorioy Doparimoni	15.2246218	
Contractor Address: 2800 Rock Cree	k Parkway, Kan	sas City, MO 64117		
Description of Services Being Provide	ed: IT Consultin	g Services		
Scope of Contract (Choose one that b	est fits):			
l ·		ining		
☐ Data Processing ☐ Computer Pro	ogramming 🛚 🖂	Other IT consulting		
☐ Engineering ☐ Architect Services	s 🔲 Surveying	Environmental	Services	
Health Services				
Accounting Auditing Pa	ralegal	gal	ting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
			,	
	with .			

			\	

Total this Page	0.00	0.00	\$ 0.00	
Grand Total				
Name of person who prepared this re	eport: Mary Jane	Kleinfelter		
Title: Director, Client Financial Opera	itions ///	/ / Phone #:	610-219-3275	
Preparer's Signature: Mary	Jane Bl	lishelte.		
Date Prepared: 04/29/2019				

FORM B		OSC Use O	nly:
		Reporting Co	ode:
		Category Co	de:
	State Consultant S	ervices	
	tor's Annual Empl		
Report F	Period: April 1, 201	8 to March 31, 2019	
	ical Hospitalists 31 19 icians of Brooklyn, Inc Ave- MSC 40		218
Scope of Contract (Choose one that Analysis Evaluation Reservant Processing Computer Processing Architect Services Health Services Mental Health Secounting Auditing Paral	arch ☐ Training ☐ gramming ☐ Othe ☐ Surveying ☐ Services ☐	TIT consulting Environmental Service Other Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1069.00 PHYSICIAN	11	5,760	\$700,000

Total this page	11	5,760	\$700,000
Grand Total	11	5,760	\$700,000

Name of person who prepared this report:	CD Pasram	
Preparer's Signature: Title: Financial Administratør	Phone #: 7	718 270-1724
Date Prepared: 5 /9 /19	<u>'</u>	

Use additional pages if necessary)

Page of

F	١R	M	R

OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: SUNY Downstate

Contract Number: C550047

Contract Term: 04/01/2018 to 03/31/2019

Contractor Name: University Physicians of Brooklyn

Contractor Address: 450 Clarkson Ave Box 80

Description of Services Being Provided: ICU Medical Coverage

Scope of Contract (Choose one that best Analysis	☐ Training ☐ ning ☐ Other IT cor Surveying ☐ Envir	onmental Services	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Physicians (Faculty) [Code: 29-1069.00]	8 rotating *	15 hours x 73 days x 8 (8,760 hours)	\$ 700,000
	*		
			www.
Total this page	. 8	9.760	\$ 700,000.
Grand Total	. 8	8,760	— — — — — — — — — —
Grand (Otal	<u>, </u>	8,760	\$ 700,000.

Name of person who prepared this report: Maria Bak	kaleinik
Preparer's Signature:	
Title: Financial Analyst -Department of Medicine	Phone #: 270-1554
Date Prepared: 05/14/2019	

Use additional pages if necessary)

F	0	RM	В

OSC Use Only:	
Reporting Code:	
Category Code:	

5	State Consultant Se	ervices		
Contractor's Annual Employment Report Report Period: April 1, 2018 to March 31, 2019				
Contracting State Agency Name: Contract Number: #C550050 - Emer Contract Term: 1/4/17 to 1/3 Contractor Name: University Physi Contractor Address: 450 Clarkson A Description of Services Being Prov	gency Medicine /20 icians of Brooklyn, Inc we- Box 1289		218	
Data Processing ☐ Computer Processing ☐ Architect Services ☐ Health Services ☐ Mental Health Services ☐ Accounting ☐ Auditing ☐ Paral	arch	r IT consulting Environmental Service Other Consulting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
29-1069.00 PHYSICIAN	62	29,508	\$1,500,000	
44.44.44.44.44.44.44.44.44.44.44.44.44.				
		,		
Total this page	62	29,508	\$1,500,000	
Grand Total	62	29,508	\$1,500,000	
Name of person who prepared this Preparer's Signature: Title: Administrator	-	ella ////////////////////one #: 718 270-63		
1100	1 41	7 10 Z/U-03	i O	

Use additional pages if necessary)

Page of

New York State Consultant Services **Contractor's Annual Employment Report** Report Period: April 1, 2018 to March 31, 2019

•			
Contracting State Agency Name:			
Contract Number: SNXXVUCEXXXIX		Agency Business Unit	
Contract Term: 01/13/2015 to 03/18		Agency Department II	D: 3320218
Contractor Name: Langan Engineerir Surveying, Landscape Architecture a Contractor Address: 360 West 31st S York, NY 10001 Description of Services Being Provide contract.	ind Geology, DPC treet, 8th Floor, New	gineering design servic	es requirements
	- 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4		
Scope of Contract (Choose one th	<u> </u>	Trustala.	-
Analysis Evaluation		Training	
	ter Programming	Other IT consulting	4 - 1 - Dwg adw
Engineering Architect Se		lylng K Environm	ental Services
☐ Health Services ☐ Mental I	Health Services		
☐ Accounting ☐ Auditing	☐ Paralegal	Legal Other	Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Executive/Senior Officers & Manager	1	1.5	\$465.00
First/Mid Officers & Managers	1	3	\$780.00
Professionals	1	4	\$700.00
Technicians	2	. 1,435	\$13,632.50
Total this page	5	1,443.5	\$ 15,577.50
Grand Total			
Name of person who prepared this r	eport: Atena Vladu		212 479 5572

Title: Senior Marketing Manager

Preparer's Signature:

Date Prepared: 5/17/2019

(Use additional pages, if necessary)

New York State Consultant Services **Contractor's Annual Employment Report**

Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: Sta	te University of		
Contract Number: TQ00013		Agency Business Unit:	
Contract Term: 7//1/2017 to 6//30/2024		Agency Department	1D: 3320218
Contractor Name: Cerner Corporation	n		· U
Contractor Address: 2800 Rock Cree	k Parkway, Kan	sas City, MO 64117	
Description of Services Being Provide	ed: IT Consultin	g Services	
Scope of Contract (Choose one that b	·	to to a	
l — ' — — — — — — — — — — — — — — — — —		ining	
☐ Data Processing ☐ Computer Pro	-	Other IT consulting	_
☐ Engineering ☐ Architect Services	_ , ,	Environmental	Services
Health Services Mental Health			
☐ Accounting ☐ Auditing ☐ Pa	ralegal Leg	jal 🔲 Other Consul	ting
	Number of	Number of	Amount Payable
Employment Category	Employees	Hours Worked	Under the Contract

		10-7-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	

	1-1/-1/	/ - / - / - / - / - / - / - / - / - / -	

	,		
Total this Page	0.00	0.00	\$ 0.00
Grand Total			
Name of person who prepared this re	port: Mary Jane	Kleinfelter	
Title: Director, Client Financial Opera	tions //o	Phone #:	610-219-3275
Preparer's Signature: May	Jane Klois	lotto_	
Date Prepared: 04/29/2019	790		

Date Prepared: 04/29/2019

OSC Use Only:	-
Reporting Code:	
Category Code:	

3320218

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1,2018 to March 31,2019

Contracting State Agency	/ Name: SUNY	Downstate Medical Cente	r Agency Code:	28100

Contract Number:

162762

Contract Term:

11/21/2016 to 11/28/2021

Contractor Name:

Data Processing

Allscripts Healthcare Solutions

Contractor Address: 222 Merchandise Mart Plaza Suite 2024 Chicago, IL 60654 Description of Services Being Provided: Implementation of FMH, Custom Services for

Interoperability and documentation implementation

Scope of Contract (Choose one that best fits):

Analysis Evaluation Research

Training

Computer Programming Other IT consulting ☑

Engineering **Architect Services** Surveying

Environmental Services

Health Services Mental Health Services

Accounting Auditing

Paralegal

Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1121.00	1	42.50	6927.50
15-1199.09	3	16.25	2648.75
15-1199.02	1	10.00	1630.00
27-3042.00	2	24.25	3952.75
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
· · · · · · · · · · · · · · · · · · ·			
Total this page	7	93.00	15159.00
Grand Total	7	93.00	15159.00

Name of person who prepared this report: Denise G Southerland Preparer's Signature: Who Wha O

Title:

Project Director

Phone #:

618.971.8493

Date Prepared: 5/10/2019

Use additional pages if necessary)

OSC Use Only:	
Reporting Code:	
Category Code:	

3320218

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1,2018 to March 31,2019

Contracting State Agency	/ Name: SUNY	Downstate Medical	Center	Agency Code:	28100
--------------------------	--------------	-------------------	--------	--------------	-------

Contract Number:

134336

12/30/2013 to 1/2/2022

Contract Term: Contractor Name:

Allscripts Healthcare Solutions

Contractor Address: 222 Merchandise Mart Plaza Suite 2024 Chicago, IL 60654

Description of Services Being Provided: Implementation Custom Services for Interoperability

Scope of Contract (Choose one that best fits):

Analysis Evaluation Research

Training

Data Processing Engineering **Architect Services**

Computer Programming

Surveying

Other IT consulting ☑ **Environmental Services**

Health Services

Mental Health Services

Accounting

Auditing

Paralegal

Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1121.00	3	58. 00	9280, 00
15-1199.09	2	5. 50	880.00
1-1-4-4-4-4-4			

Total this page	5	63.50	10160.00
Grand Total	5	63.50	10160.00

Name of person who prepared this report: Denise G Southerland

Preparer's Signature: 1

Title: **Project Director**

Phone #:

618.971.8493

Date Prepared: 5/10/2019

Use additional pages if necessary)

OSC Use Only:	
Reporting Code:	
Category Code:	

332018

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1,2018 to March 31,2019

Contracting State Agency Name: SUNY Downstate Medical Center Agency Code: 28100

Contract Number:

168642

7/3/2017 to 11/21/2021

Contractor Name:

Contract Term:

Allscripts Healthcare Solutions

Contractor Address: 222 Merchandise Mart Plaza Suite 2024 Chicago, IL 60654

Description of Services Being Provided: 17.3 Upgrade, Clinical Documentation, VNA Interfaces

Scope of Contract (Choose one that best fits):

Analysis Evaluation

Research

Training

Surveying

Data Processing Computer Programming Engineering **Architect Services**

Other IT consulting ☑

Environmental Services

Health Services

Mental Health Services

Accounting

Auditing Paralegal

Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1121.00	21	969.50	163845.50
15-1199.09	4	373.50	63121.50
15-1199.02	4	201.00	33969.00
27-3042.00	10	603.50	101991.50
			W-4

Total this page	39	2147.50	362927.50
Grand Total	39	2147.50	362927.50

Name of person who prepared this report:

Denise G Southerland

Preparer's Signature: \(\lambda_i\rangle\) Title:

Project Director

JO) Phone #:

618.971.8493

Date Prepared: 5/10/2019

Use additional pages if necessary)

OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1,2018 to March 31,2019

Contracting State A	gency Name: SUNY Downstate Medical Center	Agency Code: 28100
Contract Number:	127799	3320218
Contract Term:	10/20/11 10 11/00/0001	235601

12/30/11 to 11/22/2021

Contract Term: Contractor Name:

Allscripts Healthcare Solutions

Contractor Address: 222 Merchandise Mart Plaza Suite 2024 Chicago, IL 60654 Description of Services Being Provided: Implementation, Custom Report Development, Interoperability Reports; Clinical Documentation, Project Management and Oversight

Scope of Contract (Choose one that best fits):

Analysis Evaluation Research Training

Data Processing Computer Programming Other IT consulting ☑

Engineering **Architect Services** Surveying **Environmental Services**

Health Services Mental Health Services

Accounting Auditing Paralegal Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1121.00	5	187. 75	29610. 75
15-1199.09	4	368, 00	68080.00
			44-4-44-4
7.7.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	***************************************		
Total this page	9	555.75	97690.75
Grand Total	9	555.75	97690.75

Name of person who prepared this report: Denise G Southerland

Preparer's Signature: News Title:

Healand

Project Director

Phone #:

618.971.8493

Date Prepared: 5/10/2019

Use additional pages if necessary)