State Consultant Services

# FORM A

OSC Use Only

Reporting Code:
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 000000~~ C034999 (VR)

Contract Start Date: 11/1/2019

Contract End Date: 10/31/2021

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---|---|---|---|
| 11-9199.99 Managers, All Others | 1.00 | 31 | $7,260 |
| 11-9111.00 Medical & Health Services Managers | 2.00 | 4,700 | $589,904 |
| 29-2099.99 Health Technologist & Technicians, All Others | 6.00 | 15,210 | $1,428,377 |
| 43-9061.00 Office Clerk, General | 1.00 | 922 | $63,305 |
| 15-2041.02 Clinical Data Managers | 1.00 | 256 | $20,483 |
| 29-1051.00 Pharmacists | 1.00 | 33 | $5,065 |
| | | | |
| All Others | | | |
| Subcontractors | | | $612,306 |
| Other Direct Costs | | | $704,239 |
| Travel | | | $73,740 |
| Totals this page: | 12.00 | 21,152 | $3,504,678 |
| **Grand Total:** | **12.00** | **21,152** | **$3,504,678** |

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

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Preparer's signature:

Date Prepared: 8/7/2019


(use additional pages if necessary)