OSC Use Only: Reporting Code: Category Code: Date Contract Approved:

FORMA SNY01- C 320501-3320218

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

State Agency Name: State Whivesty of New York Agency Code: 33 2 02/8 Contract Number: (32050) Contractor Name: Tight 14 with care

Contract Start Date: 9/1/2019 Contract End Date: 11/30/ 2019

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contrac
eN1	ı	32	\$13,000
RN 2	1	32	\$ 13,000
EN3.	1	32	\$ 13,000
Pharmacist	l	16	\$ 6,500
in Felhon Control Consult	1	32	\$ 13,000
. M D		IU IU	6 4.500
Life Safety Consultant	1	31	\$ 13,600
Travel Expenses	7		1 14, 400
Total this page	7	192	Fazitos
Grand Total	7	192	\$ 92,400

Name of person who prepared this report: Milhall Chrall

Phone #: 159 415.1170

Preparer's Signature: Juckle Division

Date Prepared: 1/1/2019 (Use additional pages, if necessary)

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