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-033306**

Contract Start Date: 08/31/2017

Contract End Date: 08/30/2019

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
11-9111.00 Medical & Health services	2.00	1,800	$147,186
Managers			
11-9199.99 Managers, All Others	2.00	1,200	$183,660
43-9061.00 Office Clerk, General	1.00	1,404	$69,766
Subcontractors			
11-9199.99 Managers, All Others	5.00	4,660	$1,605,370
13-2099.00 Financial Specialists	15.00	16,725	$3,809,955
All Others			
43-9061.00 Office Clerk, General	5.00	7,528	$946,990
Totals this page:	30.00	33,316	$6,762,927
Grand Total:	**30.00**	**33,316**	**$6,762,927**

Name of person who prepared this report: Tony Lamothe

Title: Director of Internal Audit & Budget Development

Phone #: **516-326-7767 ext. 538**

Preparer's signature:

Date Prepared: **November 09, 2017**

(use additional pages if necessary)