

APPENDIX I
Consultant Disclosure
Form A

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

FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term
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State Agency Name: <i>NYS Veterans Home of Oxford</i>	Agency Code: <i>12120</i>
Contractor Name: <i>Supplemental Healthcare</i>	Contract Number: <i>0900063</i>
Contract Start Date: <i>2/1/17</i>	Contract End Date: <i>7/31/17</i>

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>Temporary Nursing Services</i>			
<i>LPN</i>	<i>2-3</i>	<i>2933</i>	<i>\$ 143,712</i>
<i>RN</i>	<i>2-3</i>	<i>2831</i>	<i>\$ 155,688</i>
Total this page	<i>0</i>	<i>0</i>	<i>\$0.00</i>
Grand Total			<i>299,400</i>

Name of person who prepared this report:
 Title: *Sr Accountant* Phone #: *607-843-3148*
 Preparer's Signature: *Jennifer Butler*
 Date Prepared:
 (Use additional pages, if necessary) Page of