

FORM A

OSC Use Only: Reporting Code: <u>CD</u> Category Code: Date Contract Approved:
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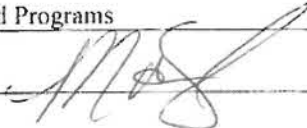
State Consultant Services - Contractor's Planned Employment
From Contract Start Date Through The End Of The Contract Term

State Agency Name: <u>Division of Criminal Justice Services</u> Agency Code: <u>01490</u>
Contractor Name: <u>Health Research, Inc.</u> Contract Number: <u>C002146</u>
Contract Start Date: <u>04/01/16</u> Contract End Date: <u>09/30/17</u>

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19-1042.00
 1-9111.00
 29-2071.00
 15-1199.06
 15-1141.00

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>Medical Scientist (epidemiologists) except</i>	1	2609.33	\$206,868
<i>Medical Health Sv Manager</i>	1	484.94	\$46,903
<i>Medical Records Health Info Technicians</i>	1	248.93	\$26,416
<i>Database Architects</i>	1	508.56	\$44,728
<i>Database Administrator</i>	1	382.30	\$40,100
Total this page			
Grand Total			\$365,015

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Preparer's Signature: 
Date Prepared: <u>09/06/16</u>