DFS01-C000417b-3500000
C000417b

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: **Pending**

Contract Start Date: **04/01/2016**

Contract End Date: **03/31/2021**

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
43-9061.00 Office Clerk, General	1.00	500.0	$18,828
11-9199.99 Managers, All Others	1.00	1,000.0	$90,526
Consultants			
29-1069.99 Physicians & Surgeons,	1.00	500	$75,600
All Others			
Totals this page:	3.00	2,000.0	$184,954
Grand Total:	**3.00**	**2,000.0**	**$184,954**

Name of person who prepared this report: **Alan King**

Title: **Chief Financial Officer**

Phone #: **516-326-7767 ext. 541**

Preparer's signature: Alan F. King

Date Prepared: November 18, 2015

(use additional pages if necessary)