

# FORM A

Reporting Code:  
Category Code:  
Date Contract Approved:

New York State Department of Health Contractor Name: <b>Island Peer Review Organization, Inc.</b>	Agency Code 12000 Contract Number: <b>C040491</b>
Contract Start Date: <b>2/01/2025</b>	Contract End Date: <b>01/31/2030</b>

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1111.00 Registered Nurses	23.00	299,322	\$17,291,752
11-9111.00 Medical & Health Services Managers	2.00	17,038	\$1,208,324
11-9199.99 Managers, All Others	1.00	9,591	\$1,642,228
All Others			
21-1029.99 Social Workers, all other	5.00	43,005	\$3,510,499
Totals this page:	31.00	368,955	\$23,652,804
Grand Total:	31.00	368,955	\$23,652,804

Phone #: 516-326-7767 ext. 538




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