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 Tem

State Agency Name: SUNY Agency Code: SNY013320215
Contractor Name: Trusted Nurse Staffing, LLC Contract Number: C011543

Contract Start Date: 2/1/2025 Contract End Date: 1/31/2027

Employment Catagon	Number of	Number of hours to	Amount Payable Under the Contract
Employment Category	Employees	be worked	Under the Contract
29-1141.00 Registered Nurses	10	4000	\$380,360
29-1141.02 Advanced Pracitce Psychiatric Nurses	5	2200	\$198,616
29-1141.01 Acute Care Nurses	5	3000	\$300,000
29-1141.03 Critical Care Nurses	10	3000	\$300,060
31-1131.00 Nursing Assistants	5	1200	\$47,040
29-2061.00 Licensed Practical and Licensed Vocational Nurses	10	1200	\$65,880
29-2031.00 Cardiovascular Technologists and Technicians	10	840.3	\$46,134.17
			•
Total this page	55	15,440.3	\$1,338,090.17

Name of person who prepared this report: Nicholas Parisi

Title: Account Manager Phone #: 716-293-1367

Preparer's Signature:

Date Prepared: 12/4/2024

(Use additional pages, if necessary)

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OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services					
Contractor's Annual Employment Report					
Report Period: April 1, to March 31,					
Contracting State Agency Name: Office Contract Number: Contract Term: / / to / / Contractor Name: Contractor Address: Description of Services Being Provided	,	oller Agency Code:	02000		
Scope of Contract (Choose one that best fits):  Analysis					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Total this page	0	0	\$ 0.00		
Grand Total	Ü	Ü	ψ 0.00		
Name of person who prepared this report:					

Name of person who prepared this report:				
Preparer's Signature:				
Title:	Phone #:			
Date Prepared: / /				

Use additional pages if necessary)

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