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

Contractor Name:	y Brook University Hospital Agency Code: Contract Number: IFB 24.25-3248			
Contract Start Date: 2.1.2025	Contract End Date: 1.31.2028			
Estimate only. Actual will be de	termined by orde	rs offered, Cliniicans bo	oked, and hours schedu	
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract	
General				
Medical / Surgical RN	3.5	1819	\$181,918.19	
Obstetrics (Antepartum, Mother/Baby)	1	52	\$5,200.52	
Pediatrics	1	551.3	\$55,138.85	
Critical Care				
Adult ICU, SICU, MICU, NCCU, CICU	3.2	1676.9	\$194,854.45	
Pediatric ICU	1.1	581.6	\$67,589.66	
Neonatal ICU	3	1560	\$181,272.00	
Intermediate Care				
Stepdown/Progressive Care	2.4	1248	\$118,803.36	
Specialty				
Emergency Room	2.4	1250.6	\$127,566.00	
Labor & Delivery	1	398	\$31,824.00	
Operating Room	3.8	1989	\$159,120.00	
Post -Anesthesia Care	1.5	789.9	\$62,398.87	
Psychiatric Behavioral Care	8	594.8	\$44,017.27	
Dialysis	9.9	795.6	\$63,648.00	
Total this page	41.8	13,306.70	\$1,293,351.17	

Name of person who prepared this report: Debbie Nance

Title: Client Services Coordinator

Preparer's Signature:

Date Prepared: 2.14.2025 Revised

(Use additional pages, if necessary)

Phone #: 970.215.0896

Page 1 of 2

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

State Agency Name: Contractor Name:	Agency Code:			
Contract Start Date:	Contract Number:			
	Contract End Date:			
Estimate only. Actual will be dete	ermined by orders o	ffered, Clinicians boo	ked, and hours scheduled	
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract	
Other Category				
Telemetry Technician - TH Cardiology Assistant	1.4	710	\$42,598.96	
Certified Nursing Assistant	1	8	\$480.03	
LPN - Licensed Practical Nurse	1	8	\$559.98	
Nursing House Wide Supervisor	1	8	\$920.03	
Nursing Station Clerk	1	8	\$180.00	
	Number of Hours / 520	Amount Payable / Hourly Bill Ra	te	
	13 weeks x 40 hours			
	or 1 if less than a full assignment			
Total Page 1	41.8	13,306.7	\$1,293,351.17	
Total this page	5.4	742	\$44,739.00	
Total Both Pages	47.2	14,048.7	\$1,338,090.17	

Name of person who prepared this report: Debbie Nance

Title: Client Services Coordinator

Phone #: 970.215.0896

Preparer's Signature:

Date Prepared: 2.14.2025 Revised

(Use additional pages, if necessary)

Page 2 of 2