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: From PROOK MEDICAL CENTER

Agency Code:

Contractor Name: Conform Healthcane Solutions Lic

Contract Number: IFB

Contract Start Date: 2/1/25

Contract End Date: 1/21/27 C011 550

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Tengonomy Nunsing Statty	10	56,140	1,338,090.17
2 AV			
Total this page	SUS W. S. S.		1,338,090.17

Name of	person	who	prepared	this	report:	Anonen	NiAm
---------	--------	-----	----------	------	---------	--------	------

Title: PATUTAN

Phone #: 212 . 815, 0310

Preparer's Signature:

Date Prepared: 12 /9/24

(Use additional pages, if necessary)

Page / of /