

DOH01-C026724-  
3450000

### HOURLY RATE FORM

Contractor Name: New York County Health Services Review Organization - C026724  
FAU#: 0909230139


The issuing entity must confirm in writing that the proposed staff has one or more of the following qualification:

- a. Bachelors Degree;
- b. Masters Degree; or
- c. is a Licensed Registered Nurse.

Note, the same hourly rate will be paid regardless of staff qualifications and/or experience.

Staff Credentials	Proposed Hourly Rate/
Year 1: Licensed Registered Nurse 2 FTE	\$88.40
Year 2: Licensed Registered Nurse 1.5 FTE	\$88.40
Year 3: Licensed Registered Nurse 1.5 FTE	\$88.40
Year 4: Licensed Registered Nurse 2.5 FTE	\$88.40
Year 5: Licensed Registered Nurse 4.5 FTE	\$88.40
Year 6: Licensed Registered Nurse 4.5 FTE	\$88.40

<sup>1</sup>Employers are required by Federal law to verify that all employees are legally entitled to work in the United States. Accordingly, this Issuing Entity reserves the right to request legally mandated employer held documentation attesting to the same for each consultant assigned work under any project awarded as a result of this solicitation. In accord with such laws, this Issuing Entity does not discriminate against individuals on the basis of national origin or citizenship.

	<u>9 / 24 / 2015</u>
Signature of Bidder's Authorized Representative	Date