## State Consultant Services FORM A

OSC Use Only Reporting Code: CD Category Code: Date Contract Approved:

## Contractor's Planned Employment From Contract Start Date through End of Contract Term

New York State Department of Health	Agency Code <del>12000</del> 3450000	
Contractor Name: Montefiore Medical Center	Contract Number: C029955	
Contract Start Date: 04/01/2015	Contract End Date: 03/31/2017	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Neurologist 29-1069.04	1	208	20,000
Registered Nurse 29-1141.00	1	585	39,000
Healthcare Support	1	2,340	72,000
31.9099.00			
Non-Personal Services			128,186
Totals this page:			\$259,186
Grand Total:	3	3133	\$259,186

Name of person who prepared this report: Eileen M. Callinan

Title: Grant Management Associate

Cin m. Caller-

Preparer's signature: Date Prepared: 8/ 24 /2015 Phone #:718-920-4151 ext. 229 ecallina@montefiore.org

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