

State Consultant Services

**FORM A**OSC Use Only

Reporting Code:

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 12000
Contractor Name: Beth Israel Medical Center	Contract Number: C029958
dba Mount Sinai Beth Israel	
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	1	416	36660
Clinical Research Coordinator	1	984	33684
Nurse Practitioner	1	488	28628
Fringe (36.15% for 3 employees)			35779
Blood work & ECG			13680
Pharmacy Fee			8810
Indirect Costs			50246
Totals this page:	3	1,888	\$ 207,487
Grand Total:	3	1,888	\$ 207,487

Name of person who prepared this report: MARISA STEFFERS

Title: Sr Grants Manager

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Preparer's signature: 

Date Prepared: 8/18/2015

Page 1 of 1  
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