

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: Stony Brook University Hospital
 State Agency Department ID: 3320215 Agency Business Unit: SNY01
 Contractor Name: Custom Healthcare Solutions Contract Number:
 Contract Start Date: / / Contract End Date: / /

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Registered Nurse	5.00	530.00	\$53,000.00
LPN	12.00	20,800.00	\$1,560,000.00
CNA	6.00	1,950.00	\$99,450
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	23.00	23,280.00	\$1,613,000.00
Grand Total		23,280.00	1,712,450

Name of person who prepared this report: *Andrew Norton*
 Title: *Managing Director* Phone #: *212-818-0300*
 Preparer's Signature: _____
 Date Prepared: *12/14/23*