## Beford Hills Correctional Facility 3250218

AC 3272-S (Effective 4/12)

## FORM B

## New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2023 to March 31, 2024

| Contracting State Agency Name: Bedford Hills Correctional Facility |      |     |       |   |   |  |                       |  |  |  |
|--|------|-----|-------|---|---|--|-----------------------|--|--|--|
| Contract Number  | : 12 | OBE | 23071 |   |   |  | Agency Business Unit: |  |  |  |
| Contract Term:   | 1    | 1   | to    | 1 | 1 |  | Agency Department ID: |  |  |  |
| Contractor Name: White Glove Placement, Inc.                       |      |     |       |   |   |  |                       |  |  |  |

Contractor Address: 89 Bartlett Street Brooklyn NY 11206

Description of Services Being Provided: nursing services

| Soona of Contract (Chaosa and that h                            |           |              |                    |  |  |  |  |  |  |  |
|---|-----------|--------------|--------------------|--|--|--|--|--|--|--|
| Scope of Contract (Choose one that best fits):                  |           |              |                    |  |  |  |  |  |  |  |
| Analysis Evaluation Research Training                           |           |              |                    |  |  |  |  |  |  |  |
| Data Processing Computer Programming Other IT consulting        |           |              |                    |  |  |  |  |  |  |  |
| Engineering Architect Services Surveying Environmental Services |           |              |                    |  |  |  |  |  |  |  |
| Health Services I Mental Health Services                        |           |              |                    |  |  |  |  |  |  |  |
| Accounting Auditing Paralegal Legal Other Consulting            |           |              |                    |  |  |  |  |  |  |  |
|   | Number of | Number of    | Amount Payable     |  |  |  |  |  |  |  |
| Employment Category   | Employees | Hours Worked | Under the Contract |  |  |  |  |  |  |  |
| Registered Nurse  | 4.00      | 2,053.75     | \$189,306.10       |  |  |  |  |  |  |  |
|   | 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   | 4.00      | 2,053.75     | \$189,306.10       |  |  |  |  |  |  |  |
| Grand Total   |           |              |                    |  |  |  |  |  |  |  |

Name of person who prepared this report: Miri Rosenberg

Title: Manager, Accounts Receivable

Preparer's Signature: Miri Rosenberg

Phone #: 718-387-8181 x123

(Use additional pages, if necessary)

Date Prepared: 5/8/2024