

## **Hospital Report on Consultant Use**

Name of Hospital: Erie Shores HealthCare

NAME OF LHIN: ESC LHIN

REPORTING PERIOD: April 1, 2020 to March 31, 2021

| No. | Consultant Firm | Name and Title of   | Contract Term             | Procurement Value     | Consultant Selection      | Modifications to          |
|-----|-----------------|---------------------|---------------------------|-----------------------|---------------------------|---------------------------|
|     | Name            | Consulting Contract |                           | (A+B+C)               | Process (Open             | Agreement (if yes, did    |
|     |                 |                     | (If the contract term has |                       | Competitive, Invitational | the procurement           |
|     |                 |                     | been extended please      | A=Original Value      | Competitive, Non-         | documents permit          |
|     |                 |                     | include the original      |                       | competitive – If non-     | modifications to the term |
|     |                 |                     | contract term and the     | B=Value of Amendments | competitive explanation   | or value of the           |
|     |                 |                     | amended contract term)    | C=Total Procurement   | required                  | agreement?)               |
|     |                 |                     |                           | Value                 |                           |                           |
|     |                 |                     |                           |                       |                           |                           |
|     |                 |                     |                           | Total Paid (\$)       |                           |                           |
|     |                 |                     |                           | νουμν. α.α (γ)        |                           |                           |
| 1   |                 |                     |                           |                       |                           |                           |
|     |                 |                     |                           |                       |                           |                           |
| 2   |                 |                     |                           |                       |                           |                           |
|     |                 |                     |                           |                       |                           |                           |
| 3   |                 |                     |                           |                       |                           |                           |
|     |                 |                     |                           |                       |                           |                           |