

Appendix A - Hospital Report on Consultant Use

Name of Hospital: SOUTH HURON HOSPITAL ASSOCIATION

NAME OF LHIN: SOUTH WEST

REPORTING PERIOD: April 1, 2018 to March 31, 2019

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

NO USE OF CONSULTANTS DURING THIS REPORTING PERIOD