

## Appendix A - Hospital Report on Consultant Use

**Name of Hospital:** SOUTH HURON HOSPITAL ASSOCIATION

**NAME OF LHIN:** SOUTH WEST

**REPORTING PERIOD:** April 1, 2017 to March 31, 2018

<b>No.</b>	<b>Consultant Firm Name</b>	<b>Name and Title of Consulting Contract</b>	<b>Contract Term</b> <i>(If the contract term has been extended please include the original contract term and the amended contract term)</i>	<b>Procurement Value (A+B+C)</b> <i>A=Original Value B=Value of Amendments C=Total Procurement Value Total Paid (\$)</i>	<b>Consultant Selection Process</b> <i>(Open Competitive, Invitational Competitive, Non-competitive – If non-competitive explanation required)</i>	<b>Modifications to Agreement</b> <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