

Report on Consultant Use

NAME OF HSP: Ross Memorial Hospital
REPORTING PERIOD April 1, 2024 to March 31, 2025

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 (A+B+C) A=Original Value B=Value of Amendments C=Total Procurement Value Total Paid (\$)	Consultant Selection Process (Open Competitive, Invitational Competitive, Non- competitive – If non-competitive explanation required)	Modifications to Agreement (if yes, did the procurement documents permit modifications to the term or value of the agreement?)
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