## **HOSPITAL Report on Consultant Use (Part A)**

Name of Hospital:

**Humber River Hospital** 

LHIN:

**Central LHIN** 

**Reporting Period** 

April 1, 2020 to March 31, 2021

No.	Consultant Firm Name(s)	Name and Title of Consulting Contract	If the contract term has been extended please include the original contract term and the amended contract term	Procurement Value  (A) Original value plus  (B) Value of amendments and  (C)Total procurement value (\$) / Total Paid	Consultant Selection Process  (Open Competitive, Invitational Competitive, Non-competitive)  If non-competitive, please provide an explanation	Modification to Agreement (Yes/No)  If Yes, did the procurement documents permit modifications to the term or value of the agreement?
1	Universal Care, Inc.	Consulting Fees for Finch LTC for Design Consultation	Original Contract Term: October 1, 2020 to April 30, 2021	A) \$158,000.00 B) \$0.00 C) Total Procurement Value: \$158,000.00 Total Paid for reporting period: \$141,000.00, plus HST	Open-Competitive	No