## Campbellford Memorial Hospital Cental East LHIN

## Reporting Period: April 1, 2016-March 31, 2017

No.	Consultant Firm Name(s)	Name and Title of Consulting Contract	Contract Term	Procurement Value	Consultant Selection Process	Modification to Agreement (Yes/No)
			If the contract term has been extended please include the original contract term and the ammended contract term	(A) Original value plus (B) Value of ammendments and (C) Total Procurement Value Total paid for reporting period	(Open Competition, Invitational Competitive, Non-competitive)  If non-competitive, please provide an	If no, please ensure the modiifcation is captured in the Compliance Report/
					explanation.	Attestation