- Rovised -5NYOI-C504149-332024

Exhibit X

OSC Use Only: Reporting Code:

Category Code:

Date Contract Approved:

| TIC | Th | TR. AT | . A. |
|-----|-----|--------|------|
| FO | No. | 19/1 | 120. |

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

| State Agency Name: SUNY Upstate Medical Univer | Contract Number: C/X |
|--|-----------------------------|
| Contract Start Date: | Contract End Date: 3/31/-33 |

| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|-------------------------|------------------------|------------------------------|--------------------------------------|
| 09-1069 00 | 7 | 73,800 | #31,488,00 |
| 99-1124 00 29-206100 | 2 7.4 | 30,800 | # 512,410 |
| 13-6013.00 | 3 | 37,200 | * 587, 300 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | 42701494 |
| Total this page | 20 | 301760 | 19.57,079,180 |
| Grand Total | 1 20 | 201760 | #37,01498. |

| Name of person who prepared this report: 80,600 JG | sost. |
|---|--------------|
| Title: So Contracts Adm a: Strat Phone #: | 315-464-4680 |
| Preparer's Signature: 8000000000000000000000000000000000000 | X |
| Date Prepared: 3/14/18 | |
| (Use additional pages, if necessary) | Page of |