

EXHIBIT X

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: *SUNY Upstate Medical Univ.*
 State Agency Department ID: *3320211* Agency Business Unit: *28110*
 Contractor Name: *Cynet Systems, Inc.* Contract Number: *C-504262*
 Contract Start Date: *5/1/17* Contract End Date: *4/30/20*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>(CNA) Certified Nursing Assistant</i>	<i>1</i>	<i>888</i>	<i>\$17,307</i>
<i>(LPN) Licensed Practical Nurse</i>	<i>1</i>	<i>533</i>	<i>\$17,307</i>
<i>Mental Health Therapy Aide</i>	<i>1</i>	<i>1066</i>	<i>\$17,307</i>
<i>Nurse Practitioner</i>	<i>1</i>	<i>234</i>	<i>\$17,307</i>
<i>OB Technician</i>	<i>1</i>	<i>380</i>	<i>\$17,307</i>
<i>Physician Assistant</i>	<i>1</i>	<i>230</i>	<i>\$17,307</i>
<i>Registered Nurse</i>	<i>1</i>	<i>333</i>	<i>\$17,307</i>
<i>Patient Safety Companion</i>	<i>1</i>	<i>1,024</i>	<i>\$17,307</i>
<i>Operating Room Technician</i>	<i>1</i>	<i>380</i>	<i>\$17,308</i>
<i>Anesthesia Technician</i>	<i>1</i>	<i>783</i>	<i>\$17,308</i>
<i>Echo Technician</i>	<i>1</i>	<i>533</i>	<i>\$17,308</i>
<i>EKG Technician</i>	<i>1</i>	<i>444</i>	<i>\$17,308</i>
<i>Clinical Lab Technologist</i>	<i>1</i>	<i>310</i>	<i>\$17,308</i>
<i>Histotechnologist</i>	<i>1</i>	<i>555</i>	<i>\$17,308</i>
<i>Phlebotomist</i>	<i>1</i>	<i>951</i>	<i>\$17,308</i>
<i>Occupational Therapist</i>	<i>1</i>	<i>296</i>	<i>\$17,308</i>
<i>Occupational Therapy Assistant</i>	<i>1</i>	<i>444</i>	<i>\$17,308</i>
Total this Page	<i>17</i>	<i>8,984</i>	<i>\$294,228</i>
Grand Total	<i>26</i>	<i>12,069</i>	<i>\$450,000</i>

Name of person who prepared this report: *William Shepard*
 Title: *Contracts Administrator* Phone #: *315.464.4680*
 Preparer's Signature: *William Shepard*
 Date Prepared: *2/15/17*