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: Flexibility & Co., LLC
Contract Number: C-504265
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
Licensed Practical Nurse	2	937	$45,000
Nurse Practitioner	2	447	$45,000
Physician Assistant	2	447	$45,000
Registered Nurse	2	726	$45,000
Occupational Therapist	2	528	$45,000
Occupational Therapy Assistant	2	645	$45,000
Physical Therapist	2	528	$45,000
Physical Therapy Assistant	2	645	$45,000
Respiratory Therapist	2	726	$45,000
Speech Language Pathologist	2	518	$45,000
Total this Page	20	6,147	$450,000
Grand Total	20	6,147	$450,000

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

(Use additional pages, if necessary)