

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: *Health Carousel, LLC* Contract Number: *C-504266*
 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>502</i>	<i>\$ 17,307</i>
<i>(LPN) Licensed Practical Nurse</i>	<i>1</i>	<i>288</i>	<i>\$ 17,307</i>
<i>Mental Health Therapy Aide</i>	<i>1</i>	<i>330</i>	<i>\$ 17,307</i>
<i>Nurse Practitioner</i>	<i>1</i>	<i>136</i>	<i>\$ 17,307</i>
<i>OB Technician</i>	<i>1</i>	<i>160</i>	<i>\$ 17,307</i>
<i>Physician Assistant</i>	<i>1</i>	<i>121</i>	<i>\$ 17,307</i>
<i>Registered Nurse</i>	<i>1</i>	<i>178</i>	<i>\$ 17,307</i>
<i>Patient Safety Companion</i>	<i>1</i>	<i>577</i>	<i>\$ 17,307</i>
<i>Operating Room Technician</i>	<i>1</i>	<i>231</i>	<i>\$ 17,308</i>
<i>Anesthesia Technician</i>	<i>1</i>	<i>304</i>	<i>\$ 17,308</i>
<i>Echo Technician</i>	<i>1</i>	<i>192</i>	<i>\$ 17,308</i>
<i>EEG Technician</i>	<i>1</i>	<i>192</i>	<i>\$ 17,308</i>
<i>Clinical Lab Technologist</i>	<i>1</i>	<i>235</i>	<i>\$ 17,308</i>
<i>Histotechnologist</i>	<i>1</i>	<i>427</i>	<i>\$ 17,308</i>
<i>Phlebotomist</i>	<i>1</i>	<i>462</i>	<i>\$ 17,308</i>
<i>Occupational Therapist</i>	<i>1</i>	<i>165</i>	<i>\$ 17,308</i>
<i>Occupational Therapy Assistant</i>	<i>1</i>	<i>210</i>	<i>\$ 17,308</i>
Total this Page	<i>17</i>	<i>4,710</i>	<i>\$294,228</i>
Grand Total	<i>26</i>	<i>6,343</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*

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: <i>SUNY Upstate Medical Univ.</i>	Agency Business Unit: <i>28110</i>
State Agency Department ID: <i>3320211</i>	Contract Number: <i>C-504266</i>
Contractor Name: <i>Health Counsel, LLC</i>	Contract End Date: <i>4/30/20</i>
Contract Start Date: <i>5/1/17</i>	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>Pharmacist</i>	<i>1</i>	<i>128</i>	<i>\$17,308</i>
<i>Pharmacy Technician</i>	<i>1</i>	<i>165</i>	<i>\$17,308</i>
<i>Physical Therapist</i>	<i>1</i>	<i>165</i>	<i>\$17,308</i>
<i>Physical Therapist Assistant</i>	<i>1</i>	<i>210</i>	<i>\$17,308</i>
<i>Radiation Therapist</i>	<i>1</i>	<i>186</i>	<i>\$17,308</i>
<i>Radiological Technologist</i>	<i>1</i>	<i>231</i>	<i>\$17,308</i>
<i>Respiratory Therapist</i>	<i>1</i>	<i>210</i>	<i>\$17,308</i>
<i>Sonographer</i>	<i>1</i>	<i>178</i>	<i>\$17,308</i>
<i>Speech Language Pathologist</i>	<i>1</i>	<i>160</i>	<i>\$17,308</i>
Total this Page	<i>9</i>	<i>1,633</i>	<i>\$155,772</i>
Grand Total	<i>26</i>	<i>6,343</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: *2/1/17*

(Use additional pages, if necessary)