

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: *Lancesoft, Inc.* Contract Number: *C504268*
 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>641</i>	<i>\$ 17,307</i>
<i>(LPN) Licensed Practical Nurse</i>	<i>1</i>	<i>401</i>	<i>\$ 17,307</i>
<i>Mental Health Therapy Aide</i>	<i>1</i>	<i>513</i>	<i>\$ 17,307</i>
<i>Nurse Practitioner</i>	<i>1</i>	<i>256</i>	<i>\$ 17,307</i>
<i>OB Technician</i>	<i>1</i>	<i>641</i>	<i>\$ 17,307</i>
<i>Physician Assistant</i>	<i>1</i>	<i>267</i>	<i>\$ 17,307</i>
<i>Registered Nurse</i>	<i>1</i>	<i>346</i>	<i>\$ 17,307</i>
<i>Patient Safety Companion</i>	<i>1</i>	<i>855</i>	<i>\$ 17,307</i>
<i>Operating Room Technician</i>	<i>1</i>	<i>513</i>	<i>\$ 17,308</i>
<i>Anesthesia Technician</i>	<i>1</i>	<i>513</i>	<i>\$ 17,308</i>
<i>Echo Technician</i>	<i>1</i>	<i>267</i>	<i>\$ 17,308</i>
<i>EKG Technician</i>	<i>1</i>	<i>458</i>	<i>\$ 17,308</i>
<i>Clinical Lab Technologist</i>	<i>1</i>	<i>366</i>	<i>\$ 17,308</i>
<i>Histotechnologist</i>	<i>1</i>	<i>366</i>	<i>\$ 17,308</i>
<i>Phlebotomist</i>	<i>1</i>	<i>513</i>	<i>\$ 17,308</i>
<i>Occupational Therapist</i>	<i>1</i>	<i>273</i>	<i>\$ 17,308</i>
<i>Occupational Therapy Assistant</i>	<i>1</i>	<i>337</i>	<i>\$ 17,308</i>
Total this Page	<i>17</i>	<i>7,526</i>	<i>\$ 294,228</i>
Grand Total	<i>26</i>	<i>10,914</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*

