

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: *Nightingale Nurses, LLC* Contract Number: *C-504270*  
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>Nurse Practitioner</i>        | <i>2</i>            | <i>6,410</i>                 | <i>\$750,000</i>                  |
| <i>OB Technician</i>             | <i>2</i>            | <i>13,021</i>                | <i>\$750,000</i>                  |
| <i>Registered Nurse</i>          | <i>2</i>            | <i>9,259</i>                 | <i>\$750,000</i>                  |
| <i>Operating Room Technician</i> | <i>2</i>            | <i>13,021</i>                | <i>\$750,000</i>                  |
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| Total this Page                  | <i>8</i>            | <i>41,711</i>                | <i>\$3,000,000</i>                |
| Grand Total                      | <i>8</i>            | <i>41,711</i>                | <i>\$3,000,000</i>                |

Name of person who prepared this report: *William Shepard*  
Title: *Contracts Administrator* Phone #: *315.464.4680*  
Preparer's Signature: *[Handwritten Signature]*  
Date Prepared: *2/1/17*