

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:  
 State Agency Department ID: Agency Business Unit:  
 Contractor Name: *Professional Placement Resources, LLC* Contract Number: *C-609272*  
 Contract Start Date: *5/1/2017* Contract End Date: *5/1/2020*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>Health Care</i>	<i>109</i>	<i>33,243</i>	<i>2,651,139</i>
Total this Page	<i>109</i>	<i>33,243</i>	<i>2,651,139</i>
Grand Total	<i>109</i>	<i>33,243</i>	<i>2,651,139</i>

Name of person who prepared this report: *Brett O'Reilly*  
 Title: *Client Account Manager* Phone #: *844-980-5038*  
 Preparer's Signature: *[Signature]*  
 Date Prepared: *2/14/2017*