

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: *SHC Services, Inc.* Contract Number: *C-504274*
 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>2</i>	<i>5,575</i>	<i>\$167,307</i>
<i>(LPN) Licensed Practical Nurse</i>	<i>2</i>	<i>3,718</i>	<i>\$167,307</i>
<i>Mental Health Therapy Aide</i>	<i>2</i>	<i>5,575</i>	<i>\$167,307</i>
<i>Nurse Practitioner</i>	<i>2</i>	<i>1,549</i>	<i>\$167,307</i>
<i>OB Technician</i>	<i>2</i>	<i>5,575</i>	<i>\$167,307</i>
<i>Physician Assistant</i>	<i>2</i>	<i>1,549</i>	<i>\$167,307</i>
<i>Registered Nurse</i>	<i>2</i>	<i>2,267</i>	<i>\$167,307</i>
<i>Patient Safety Companion</i>	<i>2</i>	<i>5,575</i>	<i>\$167,307</i>
<i>Operating Room Technician</i>	<i>2</i>	<i>3,098</i>	<i>\$167,308</i>
<i>Anesthesia Technician</i>	<i>2</i>	<i>2,261</i>	<i>\$167,308</i>
<i>Echo Technician</i>	<i>2</i>	<i>2,390</i>	<i>\$167,308</i>
<i>EEG Technician</i>	<i>2</i>	<i>2,261</i>	<i>\$167,308</i>
<i>Clinical Lab Technologist</i>	<i>2</i>	<i>2,390</i>	<i>\$167,308</i>
<i>Histotechnologist</i>	<i>2</i>	<i>2,261</i>	<i>\$167,308</i>
<i>Phlebotomist</i>	<i>2</i>	<i>2,390</i>	<i>\$167,308</i>
<i>Occupational Therapist</i>	<i>2</i>	<i>4,112</i>	<i>\$167,308</i>
<i>Occupational Therapy Assistant</i>	<i>2</i>	<i>3,718</i>	<i>\$167,308</i>
Total this Page	<i>34</i>	<i>56,264</i>	<i>\$2,844,228</i>
Grand Total	<i>52</i>	<i>82,029</i>	<i>\$4,350,000</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*

