Exhibit X

OSC Use Only Reporting Code: Category Code: Date Contract Approved:

Form A

State Consultant Services – Contractor's Planned Employment From Contract State Date Through the End of the Contract Term

 State Agency Name:
 SUNY Upstate Medical University
 Agency Code:
 28110

Contractor Name: Nor a tes of WY, LL Contract Number: C/X-504619 Contract Start Date: 4/30.00

| Employment Category/Description | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---|------------------------|---------------------------------|--------------------------------------|
| 29-1067.00 Neurauged 29-2071.00 Mad.ca 15 Admin | n 1 1 | 3467 2773 | # 88,27 |
| | | | |
| | | | |
| | | | |
| | | | |
| Total This Page | 2 | 6,240 | \$ 902,569 |
| Grand Total | 2 | 6,240 | \$ 902,569 |

| Name of person who prepared this report Barbara Jas. S. | E: |
|---|-------|
| Title: S. Contracts Adm. n. Phone #: 315-464 | -4680 |
| Preparer's Signature Parkana, Jan. Not | • |
| Date Prepared: 11/7/19 | |