

Exhibit X

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

FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

State Agency Name: <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contractor Name: <u>Upstate Medical Anesthesiology Group, Inc</u>	Contract Number: <u>C505782</u>
Contract Start Date: <u>07/01/2021</u>	Contract End Date: <u>06/30/2026</u>

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
24/7 On-Call Anesthesiology	25 Physicians	8760 annually	
Services for Neuro Stroke	Neuro Call Pool	5 year contract	
Intervention Coverage	Call Rotation	43,800 Total	\$2,628,000.00
Total this page		43,800	\$2,628,000.00
Grand Total		43,800	\$2,628,000.00

Name of person who prepared this report: Jennifer Eckrich, MHA

Title: Business Manager

Phone #: 315-464-5205

Preparer's Signature: _____

Date Prepared: 10/27/2021

(Use additional pages, if necessary)