


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: University at Buffalo
 State Agency Department ID: 3320206 Agency Business Unit: SNY01
 Contractor Name: University Dental Practice
 Services, Inc. Contract Number:
 Contract Start Date: 07/01/2017 Contract End Date: 06/30/2020

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Dentists	4.00	1,987.50	\$225,000.00
Dental Assistants	6.00	10,660.00	\$253,000.00
Clerical	23.00	43,160.00	\$950,000.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
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	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	33.00	55,807.50	\$1,428,000.00
Grand Total			

Name of person who prepared this report: Mark Mariglia
 Title: Associate CFO Phone #: 716-829-5418
 Preparer's Signature: 
 Date Prepared: 03/01/2017

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: University at Buffalo	Agency Business Unit: SNY01
State Agency Department ID: 3320206	Contract Number:
Contractor Name: University Dental Practice Services, Inc.	Contract End Date: 06/30/2020
Contract Start Date: 07/01/2017	

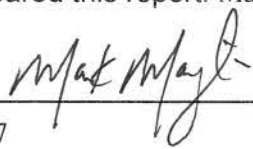
Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Dentists	4.00	1,987.50	\$231,750.00
Dental Assistants	6.00	10,660.00	\$260,590.00
Clerical	23.00	43,160.00	\$978,500.00
	0.00	0.00	\$0.00
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	0.00	0.00	\$0.00
Total this Page	33.00	55,807.50	\$1,470,840.00
Grand Total			

Name of person who prepared this report: Mark Mariglia

Title: Associate CFO

Phone #: 716-829-5418

Preparer's Signature: _____



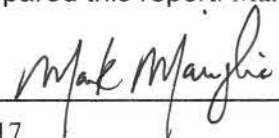
Date Prepared: 03/01/2017

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: University at Buffalo
 State Agency Department ID: 3320206 Agency Business Unit: SNY01
 Contractor Name: University Dental Practice Services, Inc. Contract Number:
 Contract Start Date: 07/01/2017 Contract End Date: 06/30/2020

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Dentists	4.00	1,987.50	\$238,702.50
Dental Assistants	6.00	10,660.00	\$268,407.70
Clerical	23.00	43,160.00	\$1,007,855.00
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	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	33.00	55,807.50	\$1,514,965.20
Grand Total	33.00	167,422.50	\$4,413,805.20

Name of person who prepared this report: Mark Mariglia
 Title: Associate CFO Phone #: 716-829-5418
 Preparer's Signature: 
 Date Prepared: 03/01/2017