

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: *Psychiatry Faculty Practice, Inc.* Contract Number: *C-504230*  
 Contract Start Date: *11/17* Contract End Date: *12/31/19*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>Psychiatrist</i>	<i>2</i>	<i>3,120</i>	<i>\$468,000</i>
<b>Total this Page</b>	<i>2</i>	<i>3,120</i>	<i>\$468,000</i>
<b>Grand Total</b>	<i>2</i>	<i>3,120</i>	<i>\$468,000</i>

Name of person who prepared this report: *William Shepard*  
 Title: *Contracts Administrator* Phone #: *315-464-4680*  
 Preparer's Signature: *William Shepard*  
 Date Prepared: *3/13/17*