

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: *SNY01*
 Contractor Name: *Psychiatry Faculty Practice, Inc.* Contract Number: *C-504826*
 Contract Start Date: *7/1/19* Contract End Date: *6/30/24*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>Psychiatrists</i>	<i>18</i>	<i>99,840</i>	<i>\$1,473,218.00</i>
Total this Page	<i>18</i>	<i>99,840</i>	<i>\$1,473,218.00</i>
Grand Total	<i>18</i>	<i>99,840</i>	<i>\$1,473,218.00</i>

Name of person who prepared this report: *William Shepard*
 Title: *Contracts Administrator* Phone #: *315-464-4680*
 Preparer's Signature: *William Shepard*
 Date Prepared: *11/21/19*