

FORM A

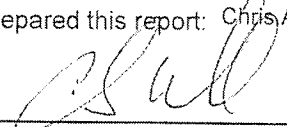
New York State Consultant Services
Contractor's Planned Employment
 From Contract Start Date Through the End of the Contract Term

State Agency Name: SUNY Upstate Medical University
 State Agency Department ID: 3320211
 Contractor Name: Medical Solutions, L.L.C.
 Contract Start Date: ~~XXXXXX~~ OSC Approval

Agency Business Unit: SNY01
 Contract Number: ~~5880047~~ C-505677
 Contract End Date: 04/30/2022

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Surgical/Operating Room Tech 29-2055.00	18	9300 3003	\$636,420.00
Sonographer- Ultrasound/Vascular Tech 29-2032.00	14	7300 2300	\$617,580.00
	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
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	32	16,600	\$ 1,253,700.00
Grand Total	32	16,660	\$1,253,700.00

205,420.00
~~104,580.00~~
 194,580.00

Name of person who prepared this report: Chris Ahl
 Title: Risk Manager
 Preparer's Signature: 
 Date Prepared: 02/17/2021
 (Use additional pages, if necessary)

Phone #: 402-986-5007
 \$400,000.00
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Available on-line at:
<http://www.osc.state.ny.us/agencies/forms/> use AC 3271 S for Form A and AC3272 S for Form B