| Exhibit X | OSC Use Only: Reporting Code: Category Code: |
|---|--|
| FORM A | Date Contract Approved: |
| State Consultant Services - | Contractor's Planned Employment ough The End Of The Contract Term |
| State Agency Name: SUNY Upstate Medical Uni Contractor Name: Prolink Healthcare LLC Contract Start Date: 01/30/2025 | <u>versity</u> — Agency Code <u>: 28110</u> — Contract Number: <u>C507311</u> — Contract End Date: — <u>01/29/2030</u> — |

| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|------------------------|------------------------|------------------------------|--------------------------------------|
| Registered Nurse-OR | 9 | 87750 | \$8,687,250.00 |
| Operating Room Tech | 9 | 87750 | \$6,756,750.00 |
| Occupational Therapist | 10 | 97500 | \$6,337,500.00 |
| Sterile Supply Tech | 10 | 97500 | \$4,192,500.00 |
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| - | | | |
| Total this page | 38 | 370,500 | \$25,974,000.00 |
| Grand Total | | | \$26,024,848.00 |

| Name of person who prepared this report: Lindsey Mannino | |
|--|-----------------------|
| Title: Admin. Assistant | Phone #: 315-464-3818 |
| Preparer's Signature: dindsuff aming | |
| Date Prepared: 02/05/2025 | |
| (Use additional pages, if necessary) | Page of |