

Exhibit X

OSC Use Only
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**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 \$ J H Q F \ & R G H _____

& R Q W U D F W R U 1 D R H
Ward Transplant Management

& R Q W U D F W C 4 0 6 0 4
CA

& R Q W U D F W J 0 1 1 2 0 2 4
01/12/24

& R Q W U D F W 0 7 1 8 2 0 2 5
07/18/25

Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Computer User Support Specialist	3.0	649.0	
Project Management Specialist	1.0	68.0	
Software Developers	1.0	44.0	
Sales Managers	1.0	24.0	
7 R W D O 7 K L V 3 D J H	6.0	785.0	\$238,000
* U D Q G 7 R W D O			\$238,000

Name of person who prepared this report

Title: Collin Brack

Phone #: 409-939-3941

Preparer’s Signature _____



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Exhibit X
(Use additional pages if necessary)

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