

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: University at Buffalo
 State Agency Department ID: 3320206 Agency Business Unit: SNY01
 Contractor Name: University Dental Practice Services Inc. Contract Number: C001313
 Contract Start Date: 7/1/2021 Contract End Date: 6/30/2026

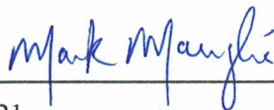
Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Dentist	2.00	1,170.00	\$721,141.19
Dental Assistant	13.00	17,862.00	\$2,761,516.73
Office/Admin Support	19.00	35,100.00	\$4,911,732.87
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	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	34.00	54,132.00	\$8,394,390.79
Grand Total	34.00	54,132.00	\$8,394,390.79

Name of person who prepared this report: Mark Mariglia

Title: Associate CFO

Phone #: 716-829-5418

Preparer's Signature: _____



Date Prepared: 06/30/2021