

Exhibit X

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| OSC Use Only: Reporting Code: Category Code: Date Contract Approved: |
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FORM A

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| State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term |
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|---|--------------------------------------|
| State Agency Name: <u>SUNY Upstate Medical University</u> | Agency Code: <u>28110</u> |
| Contractor Name: <u>Upstate Medical Anesthesiology Group, Inc</u> | Contract Number: <u>C-506514</u> |
| Contract Start Date: <u>07/01/2023</u> | Contract End Date: <u>06/30/2028</u> |

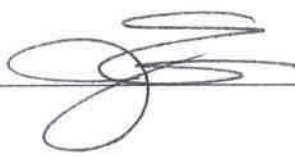
| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---|---|--|-----------------------------------|
| Pediatric Anesthesiology Operative On-Call 29-1211.00 | Call – Pool Board Certified Pediatric Anesthesiologists | 8,760 hours annually 43,800 total hours | \$2,628,000.00 |
| Pediatric Anesthesiology House Coverage Team On-Call 29-1211.00 | Call – Pool Board Certified Pediatric Anesthesiologists | 3,744 hours annually 18,720 total hours | \$1,123,200.00 |
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| Total this page | 25 | 3390 | \$3,751,200.00 |
| Grand Total | 25 | 3390 | \$3,751,200.00 |

Name of person who prepared this report: Jennifer Eckrich, MHA

Title: Business Manager

Phone #: 315-464-5205

Preparer's Signature: _____



Date Prepared: 06/24/2023