

EXHIBIT X

SNY01-2504029-3320211

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 Univ.*
 State Agency Department ID: *3320211* Agency Business Unit: *SNY01*
 Contractor Name: *Univ. OB/GYN Assoc.* Contract Number: *CX-504029*
 Contract Start Date: *12/1/15* Contract End Date: *11/30/19*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>Midwives</i>	<i>2</i>	<i>8,320</i>	<i>\$713,838</i>
Total this Page	<i>2</i>	<i>8,320</i>	<i>\$713,838</i>
Grand Total	<i>2</i>	<i>8,320</i>	<i>\$713,838</i>

Name of person who prepared this report: *William Sheppard*
 Title: *Contracts Administrator* Phone #: *315-4*
 Preparer's Signature: *William Sheppard*
 Date Prepared: *8/16/16*