Exhibit X

OSC Use Only: Reporting Code: Category Code: Date Contract Approved:

FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

State Agency Name: SUNY Upstate Medical Univer-	rsity Agency Code: 3320211	
Contractor Name: University Dental Associates, LL	P Contract Number: C-503845	
Contract Start Date: January 1, 2015	Contract End Date: June 30, 2020	

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1029.00 Dentist	1	6760	\$585,810
	-		
Total this page	1	6780	\$585,810
Grand Total	1	6780	\$585,810

offer set

Name of person who prepared this report: Jennifer Potter____

Title: Project Staff Assistant Preparer's Signature: Date Prepared: 07/23/201

Page 1 of 1

Phone #: 315-464-6271_____

(Use additional pages, if necessary)