

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 Downstate Medical Center Agency Code: 3320218 C 3184-51  
 Contractor Name: Allscripts Healthcare US LP Contract Number: ~~0017437~~  
 Contract Start Date: ~~01/01/2018~~ Contract End Date: ~~12/31/2021~~ 12/31/2018

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-1031.00	4.0	2,106	\$391,490.00
<b>Total this page</b>	<b>4.0 0</b>	<b>2,106 0</b>	<b>\$391,490.00 \$ 0.00</b>
<b>Grand Total</b>	<b>4.0</b>	<b>2,106</b>	<b>\$391,490.00</b>

Name of person who prepared this report: Dennis Mouyios Phone #: 917.297.9758  
 Title: Vice President  
 Preparer's Signature: *Dennis Mouyios*  
 Date Prepared: 6/14/2018  
 (Use additional pages, if necessary) Page of