

Cynet Health Inc.

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 University
 State Agency Department ID: 3320211 Agency Business Unit: 5NY01
 Contractor Name: Cynet Health Inc. Contract Number: C-504262
 Contract Start Date: ~~05/01/2017~~ **xxxxxxx** OSC Approval Contract End Date: **4/30/22** Continuous

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-2055.00	4 xxx	3005 xxx	\$150,000
29-2032.00	2 xxx	795 xxx	\$50,000
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	0.00	\$ 0.00
Grand Total			\$200,000

Name of person who prepared this report:
 Title: Arpit Paul Phone #: (571) 442-1007
 Preparer's Signature: *[Signature]*
 Date Prepared: 1/03/2021
 (Use additional pages, if necessary) Page of

Available on-line at:
<http://www.osc.state.ny.us/agencies/forms/> use AC 3271 IS for Form A
 and AC 3272 IS for Form B