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

Form A

State Consultant Services – Contractor's Planned Employment From Contract State Date Through the End of the Contract Term

State Agency Name: <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>

Contractor Name: Nell 10 CON Medical Service
Contract Start Date Group LLD
7112021

Contract Number: C|X-50572|

Contract End Date: 030 2026

	• •		
Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1229.00			\$793,145
Total This Page			
Grand Total			\$793,145

Name of person who prepared this report COVA DOILEY	
Title: CONTYACT Administrator . Phone #: 315-464-4682 Preparer's Signature Could Couldy	
Preparer's Signature Could Couldy	_
Date Prepared: August 10, 2021	