

FORM A

**New York State Consultant Services
Contractor's Planned Employment**

From Contract Start Date Through the End of the Contract Term

CFS01 - C028156 - 3400000

State Agency Name: OCFS		Agency Business Unit: Taberg	
State Agency Department ID:		Contract Number: 11/30 SD	
Contractor Name: Henry D. Gerson, M.D., P.C		Contract Start Date: SD 12 11/1/2017	
Contract Start Date: SD 12 11/1/2017		Contract End Date: 10/31/2018	

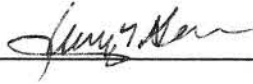
Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1066.00	1	816 ^{SD} 576	\$ 304,368 \$224,640
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1	816 ^{SD} 576	\$ 304,368 \$224,640
Grand Total	1	816 ^{SD} 576	\$ 304,368 \$224,640

Name of person who prepared this report: Henry Gerson SD

Title: President

Phone #: 917-539-0445

Preparer's Signature: _____



Date Prepared: 9/10/17

(Use additional pages, if necessary)