

FORM A

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

From Contract Start Date Through the End of the Contract Term

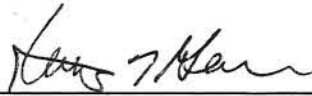
State Agency Name: OCFS
 State Agency Department ID: 3400000 Agency Business Unit: MacCormick
 Contractor Name: Henry D. Gerson, M.D., P.C. Contract Number: C027985^{SD}
 Contract Start Date: ~~1/1/2017~~ 2/1/17^{SD} Contract End Date: 12/31/2021

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1066.00	1	3,120	\$1,060,176 ^{SD} 1,477,238
	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	3,120	\$1,060,176 ^{SD} 1,477,238
Grand Total	1	3,120	\$1,060,176 ^{SD} 1,477,238

Name of person who prepared this report: Henry Gerson

Title: President

Phone #: 917-539-0445

Preparer's Signature: 

Date Prepared: 9/11/16

(Use additional pages, if necessary)