

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: Agency Business Unit: Finger Lakes
 Contractor Name: Henry D. Gerson, M.D., P.C. Contract Number: CO27987
 Contract Start Date: 1/1/2017 3/1/17 ^{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	4,160	1,794,338 ^{SD} \$1,413,568
	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	4,160	SD \$1,413,568
Grand Total	1	4,160	1,794,338 ^{SD} \$1,413,568

Name of person who prepared this report: Henry Gerson

Title: President

Phone #: 917-539-0445

Preparer's Signature: 

Date Prepared: 9/10/16

(Use additional pages, if necessary)