

**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: Office of Children and Family Services  
 State Agency Department ID: Agency Business Unit:  
 Contractor Name: Henry D Gerson MD PC Contract Number:  
 Contract Start Date: 10 / 1 / 2022 Contract End Date: 9 / 30 / 2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1223.00	1	6360	2703000
	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	6360	2703000
<b>Grand Total</b>	1	6360	2703000

Name of person who prepared this report: Henry Gerson

Title: President

Phone #: 917-539-0445

Preparer's Signature:  \_\_\_\_\_

Date Prepared: 7 / 22 / 22

(Use additional pages, if necessary)