

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: 340000 Agency Business Unit: CFS01
 Contractor Name: Charles Hollander Contract Number: C029023
 Contract Start Date: 5 / 1 / 2021 Contract End Date: 04 / 30 / 2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1041.00 Optometrists	1	1500	150,000
	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	0.00	0.00	\$ 0.00
Grand Total	1	1,500	\$150,000

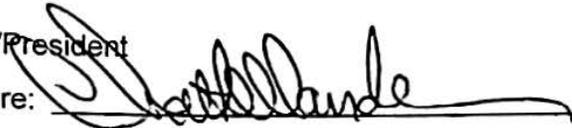
AM
4/19/21

Name of person who prepared this report: Charles Hollander

Title: Optometrist/President

Phone #: 212-921-1888

Preparer's Signature:

A handwritten signature in black ink, appearing to read "S. [unclear]", written over a horizontal line.

Date Prepared: 03/24/2021

(Use additional pages, if necessary)

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