

AC 3271-S (Effective 4/12)

**FORM A**

<p><b>New York State Consultant Services Contractor's Planned Employment</b></p> <p>From Contract Start Date Through the End of the Contract Term</p>
---

State Agency Name: OCFS	
State Agency Department ID: 3400000	Agency Business Unit: CFS01
Contractor Name: Henry D Gerson MD PC	Contract Number: <i>C030007</i>
Contract Start Date: 3 / 1 / 24	Contract End Date: 2 / 28 / 29

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1223	1.00	5160	2193000
	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	1.00	5160	2193000
<b>Grand Total</b>	<b>1</b>	<b>5160</b>	<b>2193000</b>

Name of person who prepared this report: Henry Gerson

AC 3271-S (Effective 4/12)

Title: President

Phone #: 917-539-0445

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

A handwritten signature in black ink, appearing to be 'JH', written over a horizontal line.

Date Prepared: 12 / 4 / 23

(Use additional pages, if necessary)

Page 2 of 2