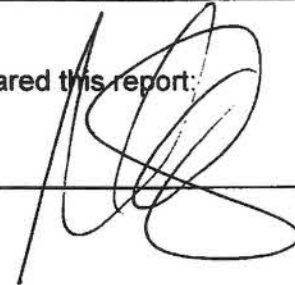


FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: OCFS	Agency Business Unit: CFS01
State Agency Department ID: 3400000	
Contractor Name: Midwin Charles & Associates LLC	Contract Number: C028728
Contract Start Date: 10/1/2019	Contract End Date: 2/29/2024

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>Hearing Officer</i>	0.00	<i>\$1,000</i> 0.00	<i>70,000</i> \$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	0.00	0.00	\$ 0.00
Grand Total	<i>1</i>	<i>1,000</i>	<i>70,000</i>

Name of person who prepared this report: _____
 Title: _____
 Preparer's Signature:  _____
 Date Prepared: *11/21/19*

Phone #: *212.520.6702*