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: Governor's Office of Employee Relations (GOER)

State Agency Department ID: 1120000

Contract Start Date: 01/01/2022

Agency Business Unit: OER01 Contract Number: C21008

Contractor Name: KnowledgeForce Consulting LLC

Contract End Date: 12/31/2026

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---|------------------------|------------------------------|--|
| 13-1151.00 - Training and Development Specialists | 1.00 | 1,720.50 | \$300,000.00 |
| | 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 | 1,720.50 | \$300,000.00 |
| Grand Total | 1.00 | | A CONTRACTOR OF THE CONTRACTOR |

Name of person who prepared this report: Ginine M. Capozzi

Title: CEO

Phone #: 716.830.8488

Preparer's Signature:

Date Prepared: 11/12/2021