

FORM A

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| New York State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term |
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|---|--|-----------------------------|
| State Agency Name: OCFS | | Agency Business Unit: CFS01 |
| State Agency Department ID: 3400000 | | Contract Number: PH68613 |
| Contractor Name: Knowledge Builders INC | | Contract End Date: 5/1/2026 |
| Contract Start Date: 5/2/2024 | | |

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|----------------------|---------------------|------------------------------|-----------------------------------|
| 15-1252.00 | 1.00 | 4000 | 337,440\$ |
| | 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 |
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| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
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| | 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 | 4000 | 337,440\$ |
| \$Grand Total | 1.00 | 4000 | 337,440\$ |

Name of person who prepared this report: John Green

Title: DW Manager

Phone #: 518.858.0254

Preparer's Signature:

John Green

Date Prepared: 4/26/2024