

AC 3271-S (Effective 4/12)

**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: NYS Department of Health	Agency Business Unit: NYSoH
State Agency Department ID: DOH01	Contract Number: PH68613
Contractor Name: Knowledge Builders	Contract End Date: 9/30/2027
Contract Start Date: 4/1/2025	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1211.00	1.00	4,800.00	\$381,936.00
	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	\$0.00
Total this Page	1.00	4,800.00	\$381,936.00
<b>Grand Total</b>	1.00	4,800.00	\$381,936.00

Name of person who prepared this report: Colleen M. Williams

Title: Medicaid Program Manager

Phone #: 518-457-5188

Preparer's Signature: Colleen M. Williams

Date Prepared: 3/5/2025

(Use additional pages, if necessary)

Page of