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: Office of Children and Family Services

State Agency Department ID: 3400000 Agency Business Unit: CFS01 Contractor Name: Knowledge Builders Inc. Contract Number: PH68613 Contract Start Date: 01/25/2024 Contract End Date: 1//24/2026

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---|---------------------|---------------------------------|--------------------------------------|
| Business Analyat Expert 15-1211.00 Hourly Bill Rate: \$74.16 | 1.00 | 4,000.00 | \$296,640.00 |
| - | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| 0000000 | 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 | 4,000.00 | \$296,640.00 |
| Grand Total | 1.00 | 4,000.00 | \$296,640.00 |

| Name of | person wh | no prepared | this report: | Bob Law |
|---------|-----------|-------------|--------------|---------|
|---------|-----------|-------------|--------------|---------|

Title: Recruiting Manager
Preparer's Signature: Preparer's Signature:

Date Prepared: 01/19/2024

Phone #: 518-250-4189

(Use additional pages, if necessary)

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