## **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: Knowledge Builders, Inc.

State Agency Department ID: 17000 Agency Business Unit: DOT01
Contractor Name: Knowledge Builders, Inc. Contract Number: OCHB020
Contract Start Date: 9/26/2023 Contract End Date: 3/25/2026

| Employment Category | Number of<br>Employees | Number of Hours<br>to be Worked | Amount Payable<br>Under the Contract |
|---------------------|------------------------|---------------------------------|--------------------------------------|
| 15-1242.00          | 1                      | 5000                            | \$432,600                            |
|                     | 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                      | 5,000                           | \$432,600                            |
| Grand Total         | 1                      | 5,000                           | \$432,600                            |

Name of person who prepared this report: Robert Lewis

Title: CMS III Phone #: 518-457-7273

Preparer's Signature:

Date Prepared: 8/1/2023