

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: 04-12759 |
| Contractor Name: Knowledge Builders, Inc. | Contract End Date: 01/23/2026 |
| Contract Start Date: 07/24/2023 | |

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|------------------------|---------------------|------------------------------|-----------------------------------|
| 15-1252.00 | 1.00 | 4,800.00 | \$442,512.00 |
| | 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 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| Total this Page | 1.00 | 4,800.00 | \$442,512.00 |
| Grand Total | 1.00 | 4,800.00 | \$442,512.00 |

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: 06/20/2023