## 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 Office of Addiction Services and Supports

State Agency Department ID: 3670000

Agency Business Unit: OAS01

Contractor Name: Knowledge Builders Inc.

Contract Number: PH68613

Contract Start Date: 02/20/2024

Contract End Date: 08/19/2026

| Employment Category | Number of<br>Employees | Number of Hours<br>to be Worked | Amount Payable<br>Under the Contract |
|---------------------|------------------------|---------------------------------|--------------------------------------|
| 15-1299.09          | 1.00                   | 5,000.00                        | \$460,950.00                         |
|                     | 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                   | 5,000.00                        | \$460,950.00                         |
| Grand Total         |                        |                                 |                                      |

Name of person who prepared this report: Jessica Liddle

Title: CMS 1

Phone #: 518-485-6230

Preparer's Signature:

Date Prepared: 01/24/2024