

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 WCB	Agency Business Unit: WCB01
State Agency Department ID: 3560000	Contract Number: OCHBT12629
Contractor Name: Knowledge Builders	Contract End Date: 12/31/2025
Contract Start Date: 5/08/2023	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00	1.00	5,200.00	\$500,000.00
	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	5,200.00	\$500,000.00
Grand Total			\$500,000.00

Name of person who prepared this report: Jameelah Burnett

Title: CMS 1

Phone #:

Preparer's Signature: _____

Date Prepared: 5/8/2023

(Use additional pages, if necessary)

Page of