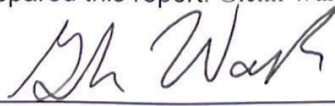


FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: Workers' Compensation Board
 State Agency Department ID: 3560000 Agency Business Unit: WCB01
 Contractor Name: Knowledge Builders Contract Number: PH68613
 Contract Start Date: 8/1/2023 Contract End Date: 7/21/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252-00	1.00	4,160.00	\$347,318.40
	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	4,160.00	\$347,318.40
Grand Total			

Name of person who prepared this report: Glenn Warnock
 Title: CMS1
 Preparer's Signature: 
 Date Prepared: 7/20/2023

Phone #: 518-402-8169