

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: Office for People With Developmental Disabilities
 State Agency Department ID: 3660243 Agency Business Unit: OPD01
 Contractor Name: Knowledge Builders Inc. Contract Number: OP0004
 Contract Start Date: 10/25/2017 Contract End Date: 03/31/2018

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1121	1.00	2,496.00	\$194,113.92
	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	2,496.00	\$ 0.00
Grand Total	1.00	2,496.00	\$194,113.92

Name of person who prepared this report: Sanjay Kapalli

Title: Executive Vice President

Sanjay Kapalli

Digitally signed by Sanjay Kapalli
 DN: cn=Sanjay Kapalli, o, ou,
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 Date: 2017.10.25 12:54:07 -0400

Phone #: 518-250-4189

Preparer's Signature: _____

Date Prepared: 10/25/2017