Consultant Disclosure Form A

OSC Use Only:
Reporting Code:
Category Code:
Date Contract Approved:

FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

State Agency Name: City University of New York	Agency Code: CNY01
Contractor Name: Research Foundation of CUNY	Contract Number: C161915
Contract Start Date: 06/16/16	Contract End Date: 06/15/18

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
MOU#015-021 (RF 50140-0001,0002)			
27-2012.03 Program Directors	1	2380	$146,169.00
13-1199.00 Business Operations Specialists, All Other	1	541	$35,632.00
43-6014.00 Secretaries and Administrative Assistants, Except Legal, Medical, and Executive	1	1270	$62,640.00
Total this page			$244,441.00
Grand Total			

Name of person who prepared this report: Yong Hwang

Title: Manager, Grants and Contract **Phone #:** 212-417-8490

Preparer's Signature: _____

Date Prepared: 10/29/18

(Use additional pages, if necessary)