Attachment 5: Consultant Disclosure Legislation Forms A&B

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: Transportation
Contractor Name: The Assessch fondation for SUNY
Contract Start Date: 5///21

Contract End Date: 10/31/24

	Number of	Number of hours to be	Amount Payable Under		
O*Net Employment Category	Employees	worked	the Contract		
19-3022.00	4	1085	53, 19/120		
19-1029,00	3	740	48, 936,20		
17-2199,00	/	75	11,212,50		
25-1191,00	/	300	11,205		
	4				
	* 1 5				
		8. *			
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80.00					
			2 8		
Total this page	0	0	\$ 0.00		
Grand Total		2200	\$ 124,344.90		

Name of person who prepared this report: Denise Strau	+				
Title: Director of Sponsond programs		Phone #:	607-	436-	3525
Preparer's Signature:					
Date Prepared: 1/ad a/					
(Use additional pages, if necessary)			Page	of	