

**APPENDIX I
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: CUCF	Agency Code: 043
Contractor Name: The McKissack Group, Inc.	Contract Number: D582023
Contract Start Date:	Contract End Date:

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Construction Management Services	12	TBD	\$ 50,000,000.00
Total this page	12	0	\$ 50,000,000.00
Grand Total			

Name of person who prepared this report: Brian Lyons

Title: Executive Vice President

Phone #: 212-349-6500

Preparer's Signature:  _____

Date Prepared: 9/7/23

(Use additional pages, if necessary)