

Consultant Disclosure Form A

OSC Use Only: Reporting Code: Category Code: Date Contract Approved:
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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: C232832
Contract Start Date: 07/01/2023	Contract End Date: 06/30/2028

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
MOU#023-009 (RF 54864-0008)			
27-2012.03 Program Directors	4	36400	\$2,400,175.00
15-1131.00 Computer Programmers	3	15340	\$1,428,765.00
11-3011.00 Administrative Services	20	35880	\$1,345,475.00
27-3091.00 Interpreters and Translator	6	310	\$115,000.00
Total this page			\$5,289,415.00
Grand Total			

Name of person who prepared this report: Yong Hwang
Title: Assistant Director Grants & Contracts **Phone #:** 212-417-8490

Preparer's Signature: _____
 (Use additional pages, if necessary)

