APPENDIX I Consultant Disclosure Form A

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

Page 1

of 1

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: Dynamic US, Inc.	Contract Number: D522023
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		TBD	\$ 50,000,000.00
			A. 50.000.000
Total this page	0	0	\$ 50,000,000.00
Grand Total			

Name of person who prepared this report:	Chris Haschek
Title: President	Phone #: 914-312-2400
Preparer's Signature:	
Date Prepared: 9/8/23	

(Use additional pages, if necessary)