

**APPENDIX I
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
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State Agency Name: CUCF	Agency Code: 043
Contractor Name: Gilbane Building Company	Contract Number: D552023
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	365	TBD	\$ 50,000,000.00
Total this page	365	0	\$ 50,000,000.00
Grand Total			

Name of person who prepared this report: Denis Boylan, AIA
 Title: Senior Manager Phone #: 609-915-1517
 Preparer's Signature: 
 Date Prepared: 9/5/2023