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: City University of New York	Agency Code: CNY01
Contractor Name: Research Foundation of CUNY	Contract Number: C232318
Contract Start Date: 01/01/2023	Contract End Date: 12/31/2023

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
MOU# 023-003 (RF 50134-0010)			
13-1199.00 Business Operations Specialists, All Other	12	5514	\$311,363.48
Fringe Benefits			\$113,754.85
Total this page	12	5514	
Grand Total	12	5514	\$425,118.33

Name of	f person	who	prepared	this	report:
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Title:	Phone #:	
Preparer's Signature: Paola Castillo		
Date Prepared: 1/10/2024		
(Use additional pages, if necessary)	Page	of