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	rk Agency Code: CNY01	
Contractor Name: Research Foundation of CUNY	Contract Number:	
Contract Start Date: 06/01/2016	Contract End Date: 05/31/2017	

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
MOU# 016-022 (RF 50134-0002)			50
27-2012.03 Program Directors			\$6,000.00
11-3031.00 Financial Managers			\$4,451.00
25-9031.00 Instructional Coordinators			\$600.00
13-1199.00 Business Operations Specialists, All Other			\$153,863.00
25-9041.00 Teacher Assistants			\$15,800.00
27-4032.00 Film and Video Editors			\$4,200.00
Total this page			\$184,914.00
Grand Total			

Name of person who prepared this report: Yong Hwang				
Title: Manager, Grants and Contract		Phone #: 212-417-8490		
Preparer's Signature:				
Date Prepared: 11/30/2017 (Use additional pages, if necessary)	35	Page	of	