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: C181911	
Contract Start Date: 06/01/18	Contract End Date: 05/31/19	

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
MOU# 018-007 (RF 50146-0001)			
27-2012.03 Program Directors	5	1040	\$70,246.00
25-9031.00 Instructional Coordinators	6	1950	\$39,000.00
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Total this page			\$109,246.00
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: 10/29/18

(Use additional pages, if necessary)

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