## 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: C181915		
Contract Start Date: 07/01/2018	Contract End Date: 06/30/2019	<del> </del>	

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
MOU# 018-016 (RF 50134-0006)			
27-2012.03 Program Directors	1	75	\$4,725.00
13-1199.00 Business Operations Specialists, All Other	12	6000	\$176,261.24
	×**		
Total this page			
Grand Total			\$180,986.24

Name of	person	who	prepared	this	report:	Yong	Hwang
Title: Ma	nager, G	Grants	and Cont	ract	1		

Phone #: 212-417-8490

Preparer's Signature:

Date Prepared: 3/18/19

(Use additional pages, if necessary)

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