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: C192423
Contract Start Date: 07/01/2019	Contract End Date: 06/30/2024

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
MOU#019-017 (RF# 54865-0001 - 0005)			
Program Directors	1	3,730	\$115,405.00
Business Operations Specialists, All Other	1	350	\$27,745.00
Coordination/Administrative Support	1	3,640	\$50,000.00
Fringe Benefits			\$61,125.00
Total this page			\$254,275.00
Grand Total			

Name of person who prepared this report: Yong Hwang

Title: Manager, Grants and Contract

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	DocuSigned by:	
Preparer's Signature:	XA	
Date Prepared: 03/22/2022 (Use additional pages, if necessary)	4184CE5B53E4412	Page 1 of 1