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: C192116
Contract Start Date: 07/01/2019	Contract End Date: 06/30/2021

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
MOU# 019-009 (RF 50134-0007)			
Coordination/Administrative Support	2	1366	\$52,198.00
PD Facilitators	10	5213	\$250,222.00
Fringe Benefits			\$94,711.00
Tinge Benefits			Ψ3+,711.00
Total this page			
Grand Total			\$397,131.00

Name of person who prepared this report: Jingyun Jiang					
Title: Senior Director of Fiscal and Admin.	Phone #: 646-664-8003				
Preparer's Signature:					
Date Prepared: 6/16/20					
(Use additional pages, if necessary)	Page of				