APPENDIX I Consultant Disclosure Form A

OSC Use Only:	300000000000000000000000000000000000000
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: CUCF	Agency Code: 043
Contractor Name: Armand Corporation	Contract Number: D512023
Contract Start Date:	Contract End Date:

			1
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Construction Management Services	38	TBD	\$ 50,000,000.00
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		and the second s	100.00

		And the weeks	
Total this page	38	0	\$ 50,000,000.00
Grand Total			

Name of person who p	repared this rep	ort: Barbara Kushner			
Title: President	0.1	1/1	Phone #:	212-542-4179, Ex	ct. 14
Preparer's Signature:	Damery.	Kohen			

Date Prepared: September 7, 2023

(Use additional pages, if necessary)

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