

**APPENDIX I
Consultant Disclosure
Form A**

OSC Use Only: Reporting Code: Category Code: Date Contract Approved:
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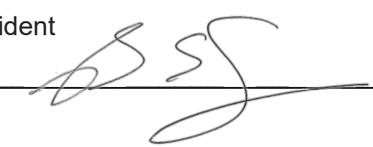
FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term
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State Agency Name: CUCF	Agency Code: 043
Contractor Name: The McKissack Group, Inc.	Contract Number: D582023
Contract Start Date:	Contract End Date:

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Construction Management Services	12	TBD	\$ 50,000,000.00
Total this page	12	0	\$ 50,000,000.00
Grand Total			

Name of person who prepared this report: Brian Lyons
 Title: Executive Vice President
 Phone #: 212-349-6500

Preparer's Signature: 
 Date Prepared: 9/7/23