

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: C232435 |
| Contract Start Date: 09/22/23 | Contract End Date: 03/31/24 |

RF Code

| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---|---------------------|------------------------------|-----------------------------------|
| MOU#023-024 (RF 50028-0001) | | | |
| 27-2012.03 Program Directors | 1 | 1120 | \$30,000.00 |
| 11-3011.00 Administrative Services | 1 | 480 | \$36,500.00 |
| 11-9199.00 Managers, All Other | 1 | 200 | \$10,000.00 |
| 15-2031.00 Operations Research Analysts | 4 | 400 | \$82,900.00 |
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| Total this page | 7 | 2200 | \$159,400.00 |
| Grand Total | 7 | 2200 | \$159,400.00 |

Name of person who prepared this report:

Prof. Natalie Gomez-Velez

917-509-2282

Natalie Gomez-Velez

1/10/2023

(Use additional pages, if necessary)

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