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: Integrated	Contract Number: C242906
Contract Start Date: November 11, 2024	Contract End Date: November 10, 2029

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Business Analyst	2	3,988	\$350,000.00
Developer	4	8,900	\$700,000.00
Project Manager	1	2,775	\$175,000.00
Specialist	10	28,744	\$1,775,000.00
	+		
Grand Total	17	44,407	\$3,000,000.00

Name of person who prepared this report: Joanne Gill

Title: Director, Strategic Sourcing Phone #: 646-664-3142

Preparer's Signature: Joanne (2)

Date Prepared: 10/29/24

(Use additional pages, if necessary)

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