

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: TEKSystems                    | Contract Number: C242928             |
| 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                   | 2,991                        | \$350,000.00                      |
| Developer           | 4                   | 5,384                        | \$700,000.00                      |
| Project Manager     | 1                   | 1,346                        | \$175,000.00                      |
| Specialist          | 10                  | 22,756                       | \$1,775,000.00                    |
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| Grand Total         | 17                  | 32,477                       | \$3,000,000.00                    |

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Preparer's Signature: *Joanne Gill*  
Date Prepared: 10/29/24  
(Use additional pages, if necessary)