**MCAG NO.\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Schedule 19**

**(City/County/District)**

**Labor Relations Consultant(S)**

**For the Year Ended December 31, 20\_\_\_**

Has your government engaged labor relations consultants? \_\_\_ Yes \_\_\_ No

If yes, please provide the following information for each consultant:

|  |
| --- |
| Name of firm: |
| Name of consultant: |
| Business address: |
| Amount paid to consultant during fiscal year: |
| Terms and conditions, as applicable, including:  Rates (e.g., hourly, etc.)  Maximum compensation allowed  Duration of services  Services provided |