


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: NYS Department of Health Agency Code: 12000
 Contractor Name: *LinkFeed USA Inc* Contract Number: *0036781*
 Contract Start Date: *7/1/2021* Contract End Date: *4/30/2023*

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>15-1232</i>	<i>3</i>	<i>150</i>	<i>\$7,800.00</i>
Total this page	0	0	\$ 0.00
Grand Total			<i>\$7,800.00</i>

Name of person who prepared this report: *Emily Brantner*
 Title: *CEO* Phone #: *855-489-6898 ext 258*
 Preparer's Signature: 
 Date Prepared: *07/13/2021*
 (Use additional pages, if necessary) Page *1* of *1*