

**FORM A**

**New York State Consultant Services  
Contractor's Planned Employment**  
From Contract Start Date Through the End of the Contract Term

State Agency Name: OCFS	Agency Business Unit: CFS01
State Agency Department ID: 3400000	Contract Number: PH68611
Contractor Name: ILink	Contract End Date: 12/09/2024
Contract Start Date: 1/10/2024	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00	1.00	1,760	150,233.60\$
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
<b>Total this Page</b>	1.00	1,760	150,233.60\$
<b>Grand Total</b>	1.00	1,760	150,233.60\$

Name of person who prepared this report: Brittany Orologio  
 Title: MITS 1  
 Preparer's Signature: *Brittany Anne Orologio* Phone #: 518.948.0694  
 Date Prepared: 01/10/2024