

AC 3271-S (Effective 4/12)

FORM A

<p>New York State Consultant Services Contractor's Planned Employment</p> <p>From Contract Start Date Through the End of the Contract Term</p>

State Agency Name: NYS Department of Financial Services	
State Agency Department ID:3500000	Agency Business Unit:DFS01
Contractor Name:I-Link Solutions, Inc.	Contract Number:PH68611
Contract Start Date: 7/18/23	Contract End Date: 7/17/25 /

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1299.09 Hourly rate \$88.45	1.00	3600 360000	\$318,420.00
	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
Total this Page	0.00	0.00	\$ 0.00
Grand Total	1	3600	318,420

Name of person who prepared this report: Nina Doss
 Title: HBITS Coordinator Phone #:518-408-2761
 Preparer's Signature: _____Nina Doss_____

Date Prepared: 11/8 /2023

(Use additional pages, if necessary)