

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: Department of Health	Agency Business Unit: BEI
State Agency Department ID: 3450261	Contract Number: PH68611
Contractor Name: I-Link Solutions Inc	Contract End Date: 12/27/2024
Contract Start Date: 12/28/2023	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Computer Systems Engineers/Architects 15-1299.08 Hourly Bill Rate: \$87.67	1.00	1,875.00	\$164,381.25
	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
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	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	1.00	1,875.00	\$164,381.25
Grand Total	1.00	1,875.00	\$164,381.25

Name of person who prepared this report: Chris Glockler

Title: Manager Information Technology Services 1

Phone #: 518-408-5548

Preparer's Signature: 

Date Prepared: 11/29/2023

