

**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: NYSDOT               | Agency Business Unit: DOT01  |
| State Agency Department ID: 17000       | Contract Number: OCHB015     |
| Contractor Name: i-Link Solutions, Inc. | Contract End Date: 3/19/2026 |
| Contract Start Date: 9/20/2023          |                              |

| Employment Category    | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|------------------------|---------------------|------------------------------|-----------------------------------|
| 15-1252.00             | 1                   | 5000                         | \$433,750                         |
|                        | 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                   | 5,000                        | \$433,750                         |
| <b>Grand Total</b>     | 1                   | 5,000                        | \$433,750                         |

Name of person who prepared this report: Robert Lewis  
 Title: CMS III

Phone #: 518-457-7273



Preparer's Signature:  
 Date Prepared: 8/1/2023

