

**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: Office of Mental Health	Agency Business Unit: OMH01
State Agency Department ID: 3650028	Contract Number: PH68611
Contractor Name: I-Link Solutions, Inc	Contract End Date: 12/21/2025
Contract Start Date: 06/22/2023	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1299.08	1.0	5200	\$443,872.00
	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	\$0.00
<b>Total this Page</b>	1.00	5,200.00	\$443,872.00
<b>Grand Total</b>		5,200.00	\$443,872.00

Name of person who prepared this report: Jeffrey Petersen

Title: Contract Management Specialist 1

Phone #: 518-549-1525

Preparer's Signature: Jeffrey Petersen

Date Prepared: 06/07/2023