

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: 3650000	Contract Number: PH68611
Contractor Name: ILINK Solutions Inc.	Contract End Date: 07/28/2026
Contract Start Date: 01/29/2024	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1211.00 Computer Systems Analyst Hourly Bill Rate: \$73.97	1.00	5200.00	\$384,644.00
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	5,200.00	\$384,644.00
Grand Total	1.00	5,200.00	\$384,644.00

Name of person who prepared this report: Jeffrey Petersen
 Title: Contract Management Specialist Phone #: 518-549-1525
 Preparer's Signature: Jeffrey Petersen
 Date Prepared: 01/16/2024