

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 Cannabis Management
 State Agency Department ID: 1020300 Agency Business Unit: ABC01
 Contractor Name: I-Link Systems Contract Number: 162589
 Contract Start Date: 2/3/2025 Contract End Date: 06/02/2026

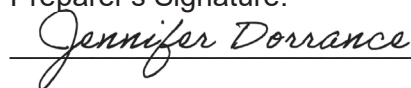
Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1253	1.00	2560	\$148403.20
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	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	2560	\$148403.20
Grand Total			

Name of person who prepared this report: Jennifer Dorrance

Title: Administrative Specialist

Phone #: 518-486-5995

Preparer's Signature:



Date Prepared: 1/30/25

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(Use additional pages, if necessary)