

FORM A

<p>New York State Consultant Services Contractor's Planned Employment</p> <p>From Contract Start Date Through the End of the Contract Term</p>
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State Agency Name: Department of Financial Services			
State Agency Department ID:	3500000	Agency Business Unit:	DFS01
Contractor Name:	ILink Solutions	Contract Number:	PH68611
Contract Start Date:	8/17/2022	Contract End Date:	2/15/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1251.00 \$80.51 hourly rate	1	975.00	\$78,497.25
	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
	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	0.00	0.00	\$ 0.00
Grand Total	1	975	\$78,497.25

Name of person who prepared this report: Nina Doss

Title: HBITS Administrator

Phone #: 518-408-2761

Preparer's Signature: _____ Nina Doss _____

Date Prepared: 5/21 /24

(Use additional pages, if necessary)

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