

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: Department of
Financial Services

State Agency Department ID: 3500000

Contractor Name: I-Link Solutions Inc.

Contract Start Date: 8/1/2024

Agency Business Unit: DFS01

Contract Number: PH68611

Contract End Date: 7/17/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1299.09 Hourly rate \$88.45	1.00	1800.00	\$159,210.00
	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	1800.00	\$159,210.00
Grand Total	1	1800	159,210

Name of person who prepared this report: Nina Doss

Title: HBITS Coordinator

Phone #:518-408-2761

Preparer's Signature: Nina Doss

Date Prepared: 7/18/2024

(Use additional pages, if necessary)

Page of