

**FORM A**

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| <b>New York State Consultant Services</b><br><b>Contractor's Planned Employment</b><br>From Contract Start Date Through the End of the Contract Term |
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|   |                             |
|---|-----------------------------|
| State Agency Name: Department of Financial Services |                             |
| State Agency Department ID:3500000                  | Agency Business Unit: DFS01 |
| Contractor Name: I-Link Solutions, Inc.             | Contract Number: PH68611    |
| Contract Start Date: 3/13/25                        | Contract End Date: 9/12/27  |

| Employment Category             | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------------------|---------------------|------------------------------|-----------------------------------|
| 15-1251.00 Hourly rate \$ 80.51 | 1.00                | 4,875                        | \$392,486.25                      |
|                                 | 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                            |
|                                 | 0.00                | 0.00                         | \$0.00                            |
| Total this Page                 | 0.00                | 0.00                         | \$ 0.00                           |
| <b>Grand Total</b>              | 1.00                | 4,875                        | \$392,486.25                      |

Name of person who prepared this report: Nina Doss

Title:HBITS Administrator

Phone #:518-408-2761

Preparer's Signature: \_\_\_\_\_ *Nina Doss* \_\_\_\_\_

Date Prepared: 2/26/25