

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: ILINK Solutions Inc.

Contract Start Date: 3/13/25

Agency Business Unit: DFS01

Contract Number: PH68611

Contract End Date: 9/12/27

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1299.09 Hourly rate \$74.54	1.00	4,875	363,382.50
	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
Grand Total	1.00	4,875	363,382.50

Name of person who prepared this report: Alisa Fortune

Title: HBITS Administrator

Phone #: 518-545-8431

Preparer's Signature: *Alisa Fortune*

Date Prepared: 3/12/25