

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: NYS Department of Health

State Agency Department ID: 3450000

Agency Business Unit: DOH01

Contractor Name: I-Link Solutions Inc.

Contract Number: PH68611

Contract Start Date: 12/19/2024

Contract End Date: 06/18/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Software Developer - Expert Hourly Bill Rate - \$86.75	1.00	5,000.00	\$433,750.00
	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	5,000.00	\$433,750.00
Grand Total	1.00	5,000.00	\$433,750.00

Name of person who prepared this report: Nataliya Polyakov

Title: Manager Information Technology Services 1

Phone #: 5184089042

Preparer's Signature: _____

Date Prepared: 12/2/2024