

AC 3271-S (Effective 4/12)

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 Health

State Agency Department ID: 3450000

Contractor Name: ILINK Solutions Inc

Contract Start Date: 3/24/2025

Agency Business Unit: DOH01

Contract Number: PH68611

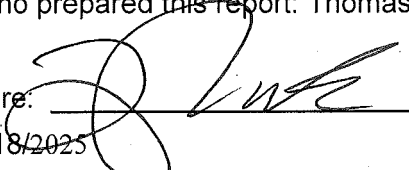
Contract End Date: 9/23/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00, Software Developers Hourly Bill Rate:\$96.68	1.00	4,920.00	\$475,665.60
	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
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	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	4,920.00	\$475,665.60
Grand Total	1.00	4,920.00	\$475,665.60

Name of person who prepared this report: Thomas Morck

Title: ITS4

Phone #: 518-402-7174

Preparer's Signature: 

Date Prepared: 3/18/2025

(Use additional pages, if necessary)

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