

FORM A

New York State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term
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State Agency Name: Office of Mental Health	Agency Business Unit: OMH01
State Agency Department ID: 3650000	Contract Number: PH68611
Contractor Name: I-Link Solutions, Inc.	Contract End Date: 11/13/2026
Contract Start Date: 05/14/2024	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
11-3021.00 Computer and Information Systems Managers Hourly Bill Rate: \$95.06	1.00	5200.00	\$494,312.00
	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	5,200.00	\$494,312.00
Grand Total	1.00	5,200.00	\$494,312.00

Name of person who prepared this report: Jeffrey Petersen

Title: Contract Management Specialist

Phone #: 518-549-1525

Preparer's Signature: Jeffrey Petersen

Date Prepared: 05/14/2024