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: New York State Office of Mental Health

State Agency Department ID: 3650000 Agency Business Unit: OMH01
Contractor Name: I-Link Solutions Inc. Contract Number: PH68611
Contract Start Date: 6/20/2024 Contract End Date: 12/19/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Computer User Support Specialists 15-1232.00	1.00	5,200.00	\$346,112.00
Senior Hourly Pay Rate: \$66.56			
	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	\$346,112.00
Grand Total	1.00	5,200.00	\$346,112.00

Name of person who prepare	ed this report: John Toth	
Title: Contract Management Specialist Trainee 1		Phone #: 518-549-1459
Preparer's Signature:	John Toth	
Date Prepared: 6/04/2024		