

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: NYS 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: 01/16/2025	Contract End Date: 07/15/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Database Administrator 15-1242.00 Hourly Billrate \$66.56	1.00	5,200.00	\$346,112.00
	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	\$346,112.00
Grand Total	1.00	5,200.00	346,112.00

Name of person who prepared this report: Brendan Halayko

Title: Administrative Specialist 1

Phone #: 518-549-0643

Preparer's Signature: Brendan Halayko

Date Prepared: 1/09/2025