

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: 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: 07/5/2027
Contract Start Date: 01/06/2025	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Software Architect Hourly Bill Rate:\$86.11	1.00	5,200.00	\$447,772.00
	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	\$447,772.00
Grand Total	1.00	5,200.00	447,772.00

Name of person who prepared this report: Pradeep Inampudi

Title: Contract Management Specialist I

Phone #: 518-549-5206

Preparer's Signature: Pradeep Inampudi

Date Prepared: 01/02/2025