

**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: Cannabis Management	
State Agency Department ID: 1020300	Agency Business Unit: ABC01
Contractor Name: I-Link Solutions	Contract Number: PH68611
Contract Start Date: 01/05/2026	Contract End Date: 03/30/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00	1.00	2520.00	198450.00
	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	0.00	0.00	\$ 0.00
<b>Grand Total</b>			198450.00

Name of person who prepared this report: Jennifer Dorrance

Title: Administrative Specialist

Phone #: 518-486-5995

Preparer's Signature: \_\_\_\_\_

Date Prepared: 12/22/2025