

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: OCFS
 State Agency Department ID: 3400000 Agency Business Unit: CFS01
 Contractor Name: ILINK Solutions INC Contract Number: PH68611
 Contract Start Date: 8 / 1 1 /2025 Contract End Date: 08/10/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
System Developer Expert 15-1252.00 Hourly Bill Rate \$ 85.36	1.00	4,000.00	\$ 341,440.00
	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	4,000.00	\$ 341,440.00
Grand Total	1.00	4,000.00	\$ 341,440.00

Name of person who prepared this report: Kimberly Pecoraro

Title: ITS Manager

Phone #: 518-474-1137

Preparer's Signature:

Kimberly Pecoraro

Date Prepared: 7/18/2025