

**FORM A**

<p><b>New York State Consultant Services</b>  <b>Contractor's Planned Employment</b>          From Contract Start Date Through the End of the Contract Term</p>
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State Agency Name: DOH	Agency Business Unit: 50420
State Agency Department ID: 3450000	Contract Number: PH68611
Contractor Name: ILink Solutions, Inc	Contract End Date: 02/8/2027
Contract Start Date: 06/09/2025	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1299.09	1.00	3,467.00	\$335,189.56
	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
	0.00	0.00	\$0.00
<b>Total this Page</b>	1.00	3,467.00	\$335,189.56
<b>Grand Total</b>	1.00	0.00	\$335,189.56

Name of person who prepared this report: Gerardo Cioffi  
 Title: Business Systems Analyst  
 Preparer's Signature: Gerardo J Cioffi Phone #: 518 457-7691  
 Date Prepared: 05/23/2025