

**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: Department of Health	Agency Business Unit: DOH01
State Agency Department ID: 3450000	Contract Number: PH68611
Contractor Name: ILINK Solutions Inc	Contract End Date: 2/6/2028
Contract Start Date: 8/7/2025	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00, Software Developer Hourly Bill Rate: \$86.75	1.00	4,688.00	\$406,684.00
	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
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	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	4,688.00	\$406,684.00
<b>Grand Total</b>	1.00	4,688.00	\$406,684.00

Name of person who prepared this report: John A. Regan

Title: Manager Information Technology Services 2

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Preparer's Signature: 

Date Prepared: 8/4/2025