


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: NYS Department of Health	Agency Business Unit: DOH01
State Agency Department ID: 3450000	Contract Number: PH68611
Contractor Name: I-Link Solutions, Inc	Contract End Date: 3/1/2028
Contract Start Date: 9/2/2025	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00 - Expert Software Architect - \$96.68	1.00	5,200.00	\$502,736.00
	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	\$502,736.00
Grand Total	1.00	5,200.00	\$502,736.00

Name of person who prepared this report: Reid Higgins
 Title: Information Systems Auditor 1
 Preparer's Signature:  _____
 Date Prepared: 08/28/2025
 Phone #: 518-457-5188