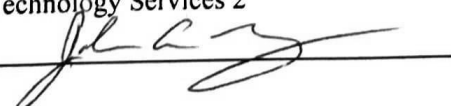


FORM A

**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: 6/7/2028
Contract Start Date: 12/8/2025	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00, Software Architect Hourly Bill Rate: \$98.90	1.00	5,000.00	\$494,500.00
	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
	0.00	0.00	\$0.00
Total this Page	1.00	5,000.00	\$494,500.00
Grand Total	1.00	5,000.00	\$494,500.00

Name of person who prepared this report: John A. Regan
 Title: Manager Information Technology Services 2
 Preparer's Signature: 
 Date Prepared: 11/19/2025
 Phone #: 518-408-0835