

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

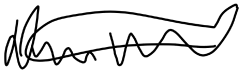
State Agency Name: DOH	Agency Business Unit: 50420
State Agency Department ID: 3450000	Contract Number: PH68611
Contractor Name: I-Link Solutions, Inc.	Contract End Date: 08/8/2028
Contract Start Date: 02/09/2026	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
IT Specialist 15-1253.00- Hourly Bill	1.00	5,200.00	\$409,500.00
Rate \$78.75	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	\$409,500.00
Grand Total	1.00	5,200.00	\$409,500.00

Name of person who prepared this report: Devon Wright

Title: Dir. Gov't Relations

Phone #: 571-348-0810

Preparer's Signature:  _____

Date Prepared: 01/13/2026