

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: Office of Mental Health	Agency Business Unit: OMH01
State Agency Department ID: 3650000	Contract Number: PH68611
Contractor Name: I-Link Solutions Inc	Contract End Date: 12/24/2027
Contract Start Date: 06/25/2025	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
IT Specialist 15-1211.00 Hourly Bill Rate \$40.23	1.00	5,200.00	\$209,196.00
	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	\$209,196.00
Grand Total	1.00	5,200.00	\$209,196.00

Name of person who prepared this report: Pradeep Inampudi
 Title: Contract Management Specialist
 Preparer's Signature: Pradeep Inampudi Phone #: 518-549-5206
 Date Prepared: 06/18/2025