

**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	
State Agency Department ID: 3650000	Agency Business Unit: OMH01
Contractor Name: I-Link Solutions Inc	Contract Number: PH68611
Contract Start Date: 07/17/2025	Contract End Date: 01/14/2028

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
IT Specialist 15-1231.00 Hourly Bill Rate \$41.15	1.00	5,200.00	\$213,980.00
	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	\$231,980.00
<b>Grand Total</b>	1.00	5,200.00	\$213,980.00

Name of person who prepared this report: Pradeep Inampudi  
 Title: Contract Management Specialist Phone #: 518-549-5206  
 Preparer's Signature: Pradeep Inampudi  
 Date Prepared: 07/08/2025