

**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: 03/8/2028
Contract Start Date: 09/09/2025	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Systems Developer 15-1231.00 Hourly Bill Rate \$87.32	1.00	5,200.00	\$454,064.00
	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
<b>Total this Page</b>	1.00	5,200.00	\$454,064.00
<b>Grand Total</b>	1.00	5,200.00	\$454,064.00

Name of person who prepared this report: Pradeep Inampudi

Title: Contract Management Specialist

Phone #: 518-549-5206

Preparer's Signature: Pradeep Inampudi

Date Prepared: 08/27/2025