

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: 01/19/2026	Contract End Date: 07/18/2028

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
IT Manager 15-1231.00 Hourly Bill Rate \$72.72	1.00	5,200.00	\$378,144.00
	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	\$378,144.00
Grand Total	1.00	5,200.00	\$378,144.00

Name of person who prepared this report: Pradeep Inampudi
 Title: Contract Management Specialist
 Preparer's Signature: *Pradeep Inampudi* Phone #: 518-549-5206
 Date Prepared: 01/06/2026