

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 Contract Number: PH68611
 Contract Start Date: 02/19/2026 Contract End Date: 08/18/2028

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Web Designer 15-1231.00 Hourly Bill Rate \$65.00	1.00	5,200.00	\$338,000.00
	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	\$338,000.00
Grand Total	1.00	5,200.00	\$338,000.00

Name of person who prepared this report: Pradeep Inampudi

Title: Contract Management Specialist

Phone #: 518-549-5206

Preparer's Signature: Pradeep Inampudi

Date Prepared: 02/02/2026