AC 3271-S (Effective 4/12)

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 Cannabis Management

State Agency Department ID: 1020300 Agency Business Unit: ABC01
Contractor Name: I-Link Solutions Contract Number: PH68611
Contract Start Date: 06/01/2023 Contract End Date: 01/31/2025

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------|------------------------|---------------------------------|--------------------------------------|
| 15-2051 | 1.00 | 3,200.00 | \$246,336.00 |
| | 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 | 3,200.00 | \$246,336.00 |
| Grand Total | | | |

| Name of person who prepared this report:Jennit | fer Dorrance |
|--|----------------------|
| Title:Administrative Specialist Trainee 2 | Phone #:518-486-5995 |
| Preparer's Signature: | |
| Date Prepared:09/21/2023 | |
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(Use additional pages, if necessary)