

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: NYS Department of Health	DOH01-OCHBIT12722-3450000
State Agency Department ID: 3450000	Agency Business Unit: DOH01
Contractor Name: ILINK Solutions, INC	Contract Number: PH68611
Contract Start Date: 6/26/2023	Contract End Date: 6/25/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1211.00 Computer System Analyst	1.00	4,160.00	\$293,030.40
	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	4,160.00	\$293,030.40
Grand Total	1.00	4,160.00	\$293,030.40

Name of person who prepared this report: Philip Whitlingum

Title: IT Specialist 4

Phone #: 518-485-2122

Preparer's Signature: *Philip Whitlingum*

Date Prepared: 5/25/2023