

**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: DOH	Agency Business Unit: 50420
State Agency Department ID: 3450000	Contract Number: PH68611
Contractor Name: iLink Solutions Inc	Contract End Date: 01/19/2026
Contract Start Date: 07/20/2023	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1299.09	1.00	5,200.00	\$299,364.00
	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	\$299,364.00
<b>Grand Total</b>	1.00	5,200.00	\$299,364.00

Name of person who prepared this report: Gerardo Cioffi

Title: Business Systems Analyst

Phone #: 518-457-7691

Preparer's Signature: Gerardo Cioffi

Date Prepared: 07/07/2023