

**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	Agency Business Unit: NYSoH
State Agency Department ID: DOH01	Contract Number: 05-12962
Contractor Name: ILINK Solutions, Inc	Contract End Date: 03/29/2026
Contract Start Date: 09/30/2023	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1253.00	1.00	4,800.00	\$369,504.00
	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	4,800.00	\$369,504.00
<b>Grand Total</b>	1.00	4,800.00	\$369,504.00

Name of person who prepared this report: Colleen M. Williams  
 Title: Medicaid Program Manager Phone #: 518-457-5188  
 Preparer's Signature: Colleen M. Williams  
 Date Prepared: 09/21/2023