

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: Department of Health	Agency Business Unit: BEI
State Agency Department ID: 3450261	Contract Number: PH68611
Contractor Name: I-Link Solutions Inc	Contract End Date: 03/31/2025
Contract Start Date: 04/01/2024	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Computer User Support Specialists 15-1232.00 Hourly Bill Rate: \$76.98	1.00	1,875.00	\$144,337.50
	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	1,875.00	\$144,337.50
Grand Total	1.00	1,875.00	\$144,337.50

Name of person who prepared this report: Chris Glockler

Title: Manager Information Technology Services 1

Phone #: 518-408-5548

Preparer's Signature: 

Date Prepared: 02/12/2024

