


AC 3271-S (Effective 4/12)

**FORM A**

<p>New York State Consultant Services  <b>Contractor's Planned Employment</b>          From Contract Start Date Through the End of the Contract Term</p>
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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: 12/31/2024
Contract Start Date: 01/02/2024	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Database Administrators 15-1242.00 Hourly Bill Rate: \$78.57	1.00	1,875.00	\$147,318.75
	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	\$147,318.75
<b>Grand Total</b>	1.00	1,875.00	\$147,318.75

Name of person who prepared this report: **Geoffrey Greene**  
 Title: **IT Specialist 4 (Database)** Phone #: **518-473-4769**  
 Preparer's Signature:   
 Date Prepared: **11/29/2023**