

**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 Public Services  
 State Agency Department ID: \_\_\_\_\_ Agency Business Unit: \_\_\_\_\_  
 Contractor Name: i-Link Solutions, Inc. Contract Number: 23158  
 Contract Start Date: 04/13/2023 Contract End Date: 04/12/2025

| Employment Category                | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|------------------------------------|---------------------|------------------------------|-----------------------------------|
| Business Analyst Senior - Region 1 | 1.00                | 4,000.00                     | \$245,240.00                      |
|                                    |                     |                              |                                   |
|                                    | 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                    | 0.00                | 0.00                         | \$ 0.00                           |
| <b>Grand Total</b>                 | 1.00                | 4,000.00                     | \$245,240.00                      |

Name of person who prepared this report: Devon Wright

Title: HBITS Program Manager

Phone #: 571-348-0810

Preparer's Signature: 

Date Prepared: 10/10/2023