

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: Office of Information Technology Services
 State Agency Department ID: 1380000 Agency Business Unit: OFT01
 Contractor Name: i-Link Solutions, Inc. Contract Number: PH68611
 Contract Start Date: 06/01/2023 Contract End Date: 11/30/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Software Architect - Expert	1.00	5,000.00	\$483,400.00
	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
Grand Total	1.00	5,000.00	\$483,400.00

Name of person who prepared this report: Devon Wright

Title: HBITS Program Manager

Phone #: 571-348-0810

Preparer's Signature:  _____

Date Prepared: 10/03/2023