

## ATTACHMENT 9



**Department of  
Civil Service**

**Subcontractors or Affiliates RFP entitled: “Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers’ Compensation Prescription Drug Programs”**

**INSTRUCTION: Prepare this form for each Subcontractor or Affiliate. Subcontractors include all vendors who will provide \$100,000 or more in Project Services over the term of the Agreement that results from this RFP, as well as any vendor who will provide Project Services in an amount lower than the \$100,000 threshold, and who is a part of the Offeror’s Account Team.**

**Offeror’s Name:** \_\_\_\_\_

The Offeror:

- is
- is not

proposing to utilize the services of a Subcontractor(s) or Affiliate(s) to provide Project Services

**Subcontractor or Affiliate’s Legal Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Subcontractor’s Legal Form:**  Corporation  Partnership  Sole Proprietorship  
 Other

As of the date of the Offeror’s Proposal, a subcontract or agreement

- has
- has not

been executed between the Offeror and the subcontractor(s) or Affiliate for services to be provided by such subcontractor(s) or Affiliate(s) relating to the Project.

In the space provided below, describe the Subcontractor’s or Affiliate’s role(s) and responsibilities regarding Project Services to be provided:

**Relationship between Offeror and Subcontractor or Affiliate for Current Engagements:**  
(Complete items 1 through 5 for each client engagement identified)

1. Client: \_\_\_\_\_

2. Client Reference Name and Phone # \_\_\_\_\_

3. Project Title: \_\_\_\_\_

4. Project Start Date: \_\_\_\_\_

5. In the space provided below, Project Status: \_\_\_\_\_

6. In the space provided below, describe the roles and responsibilities of the Offeror and Subcontractor or Affiliate in regard to the project identified in 3, above: