**NYS Department of Civil Service**
**"Dependent Eligibility Audit Services"**

(Please PRINT/TYPE Firm's Name Above)

With regard to this RFP, (check one of the following):

☐ We **ARE INTERESTED & MAY** submit a bid response.
*(Note to potential Offerors, please also complete table at end of form)*

☐ We **ARE NOT INTERESTED & WILL NOT** be submitting a bid response because:

_____

_____

_____

_____
Name of Contact at Firm

_____
Title

_____/ _____ /_____
Date

| Interested Potential Offerors are requested to also provide the following information: | | | |
|---|---|---|---|
| **Primary Contact Information** | | **Alternate Contact Information** | |
| Contact Name: | | Contact Name: | |
| Address: | | Address: | |
| Phone Number: | | Phone Number: | |
| Fax: | | Fax: | |
| E-Mail: | | E-Mail: | |
| Preferred Communication Method | ☐ E-Mail ☐ Mail | Preferred Communication Method | ☐ E-Mail ☐ Mail |

Complete the table above and submit it to the DEAS Procurement Manager specified in Section II.A.3.b of this RFP. The completed table may be emailed (at: 2008DEASRFP@cs.state.ny.us ), faxed (at: 518-402-2835) and/or mailed (see address provided in RFP, Section II.A.3.b).