

**Exhibit I.J Notice of Bidding Intention Form**

**NYS Department of Civil Service  
"New York State Vision Plan 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:  


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Name of Contact at Firm

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Title

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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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 <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail | Preferred Communication Method <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail |

Complete the table above and submit it to the Dispute Resolution Program Procurement Manager specified in Section II.A.3.b of this RFP. The completed table may be emailed (at: [2012VisionPlanRFP@cs.state.ny.us](mailto:2012VisionPlanRFP@cs.state.ny.us) ), faxed (at: 518-402-2835) and/or mailed (see address provided in RFP, Section II.A.3.b).