

## Exhibit I.U Key Subcontractors

The Offeror must complete and submit this Exhibit as part of its Administrative Proposal. A separate form should be completed for each Key Subcontractor, if any. If the Offeror will not be subcontracting with any Key Subcontractor(s) to provide any of the services required under the RFP, the Offeror must complete and submit a single Exhibit I.U to that affect.

<b>INSTRUCTION: Prepare this form for each Key Subcontractor</b>	
<b>Offeror's Name:</b>	
<p>The Offeror:</p> <p><input type="checkbox"/> is</p> <p><input type="checkbox"/> is not</p> <p>proposing to utilize the services of a subcontractor(s) to provide Program Services</p>	
<b>Subcontractor's Legal Name:</b>	
<b>Business Address:</b>	
<b>Subcontractor's Legal Form:</b>	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____
<p>As of the date of the Offeror's Proposal, a subcontract</p> <p><input type="checkbox"/> has</p> <p><input type="checkbox"/> has not</p> <p>been executed between the Offeror and the subcontractor(s) for services to be provided by such subcontractor(s) relating to the Prescription Drug Program Services.</p>	
<p>In the space provided below, describe the Subcontractor's role(s) and responsibilities regarding Program Services to be provided by the subcontractor:</p>	
<p><b>Relationship between Offeror and Subcontractor for Current Engagements:</b>            (Complete items 1 through 5 for each client engagement identified)</p>	
1. Client:	
2. Client Reference Name and Phone #	
3. Program Title:	
4. Program Start Date:	
5. In the space provided below, Program Status:	
6. In the space provided below, describe the roles and responsibilities of the Offeror and subcontractor in regard to the program identified in 3, above:	