NEW YORK STATE | Department of Civil Service

Biographical Sketch Form
RFP entitled: "Actuarial and Benefits Management Consulting Services"

Prepare this form for each key staff individual, including subcontractor-provided key staff, if any, of the Offeror's proposed Account Team (RFP Section 5.2). Where individuals are not named, please include qualifications that will be sought to fill the positions. If additional space is needed you may add additional sheets.

Offeror Name: _____

Individual's Name: _____

Job Title: _____

Relationship to Project: _____

_____

EDUCATION

Institution & Location	Degree	Year Conferred	Discipline

PROFESSIONAL EMPLOYMENT (Start with most recent)

Dates From - To	Employer	Title

PROFESSIONAL EXPERIENCE (Significant experience/education relevant to program)

_____
_____
_____
_____