

ATTACHMENT 9



**Department of
Civil Service**

**Subcontractors or Affiliates
RFP entitled: "New York State Health
Insurance Program Banking Services"**

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.

Offeror's Name:	
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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:	
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Business Address:	
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Subcontractor's Legal Form:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
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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:	
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2. Client Reference Name and Phone #	
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3. Project Title:	
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4. Project Start Date:	
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5. In the space provided below, Project Status:	
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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:	
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