ATTACHMENT 17

As stated in Section 2 of this IFB, an Offeror is encouraged to use New York State



Offeror Name: _____

New York State Subcontractors and Suppliers IFB entitled: "Employee Benefit Card"

businesses in the performance of Program Services. Please complete the following exhibit to reflect the Offeror's proposed utilization of New York State businesses.				
Name(s) of New York Subcontractors and/or Suppliers	Address, City, State, and Zip Code	Description of Services or Supplies Provided	Estimated Value Over 5-Year Contract Period	Identify if Subcontractor and/or Supplier