

ATTACHMENT 8



Department of
Civil Service

**MWBE Subcontractor/Supplier
Posting Request Form
IFB entitled: "Employee Benefit Card"**

(Please PRINT Firm's Name Above)

INTEREST IN MWBE SUBCONTRACTOR/SUPPLIER POSTING:

(Check box if applicable)

- Our firm is a NYS certified MWBE interested in a subcontracting or supplying opportunity. Please add our firm's contact information, indicated below, to the list of certified MWBE subcontractors or suppliers that have expressed interest in this Procurement. The list will be posted on the Department's web page for this procurement only.

- The NYS MWBE certification documentation for our firm is attached.

Name of Contact at Firm

Title

Address

Address

Email Address

_____/_____/_____
Date

Complete the table above and submit it to the Designated Contact specified in IFB, Section 2. The completed table may be emailed, faxed and/or mailed.