NYS Department of Civil Service IFB No. DEAS-2015-1 entitled "Dependent Eligibility Audit Services"

Notice of Bidding Intention Form				
(Please PRINT Firm's Name Above)				
With regard to this IFB, (check one of the following boxes applicable):				
☐ We ARE INTERESTED & MAY submit a bid response.				
☐ We ARE NOT INTERESTED & WILL NOT be submitting a bid response because:				
 INTEREST IN M/WBE SUBCONTRACTING POSTING: (Check box if applicable) ☐ Our firm is a NYS certified M/WBE interested in a subcontracting opportunity. Please add our firm's contact information, indicated at the top of this Form, to the list of certified M/WBE subcontractors that have expressed interest in this Procurement. The list will be posted on Department's web page for this Procurement. The NYS M/WBE certification documentation for our firm is attached 				
Name of Contact at Firm				
Title				
Empail Address				
Email Address				
/				

Exhibit I.J -	Notice of	Bidding	Intention Form	

Complete the tables above and submit it to the DEAS Program Procurement Manager specified in IFB, Section II.A.2.b. The completed table may be emailed, faxed and/or mailed (see addresses provided in IFB, Section II.A.2.b.).