IFB # DEAS-2015-1 "Dependent Eligibility Audit Services"

NEW YORK SUBCONTRACTORS AND SUPPLIERS

As stated in Section II.B.11 of the IFB, Offerors are encouraged to use New York State 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	Estimate d Value Over 5-Year Contract Period	Identify if Subcontracto r <u>or</u> Supplier