**Exhibit I.U.2**

**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** | **Estimated Value****Over****5-Year Contract Period** | **Identify if Subcontractor or Supplier** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |