



Department of  
Civil Service

**MWBE  
Subcontract/Supplier Posting  
Request Form**

**NYS Department of Civil Service  
RFP entitled  
“New York State Health Insurance Program Decision Support System”**

\_\_\_\_\_

(Please PRINT Firm's Name Above)

**INTEREST IN MWBE SUBCONTRACT/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 RFP, Section 2. The completed table may be emailed, faxed and/or mailed.