



Department of Civil Service

**KEY SUBCONTRACTORS: RFP entitled:
“New York State Health Insurance
Program Decision Support System”**

INSTRUCTION: Prepare this form for each Key Subcontractor

Offeror’s Name:

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The Offeror:

- is
- is not

proposing to utilize the services of a subcontractor(s) to provide Project Services

Subcontractor’s Legal Name:

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Business Address:

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Subcontractor’s Legal Form:

- Corporation Partnership Sole Proprietorship
- Other _____

As of the date of the Offeror’s Proposal, a subcontract

- has
- has not

been executed between the Offeror and the subcontractor(s) for services to be provided by such subcontractor(s) relating to the Project.

In the space provided below, describe the Subcontractor’s role(s) and responsibilities regarding Project Services to be provided by the subcontractor:

Relationship between Offeror and Subcontractor for Current Engagements: (Complete items 1 through 5 for each client engagement identified)

1. Client:

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2. Client Reference Name and Phone #

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3. Project Title:

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4. Project Start Date:

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5. In the space provided below, Project Status:

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6. In the space provided below, describe the roles and responsibilities of the Offeror and subcontractor in regard to the project identified in 3, above:

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