## **ATTACHMENT 12**



## New York State Subcontractors and Suppliers RFP entitled: "Dental Plan Services"

Offeror Name:
As atotal in Coation 2 of this DED, on Offensia and assessment to use New York Chate
As stated in Section 2 of this RFP, an Offeror is encouraged to use New York State
businesses in the performance of Project 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 1-Year Contract Period	Identify if Subcontractor and/or Supplier