NYS Department of Civil Service IFB No. EBC-2014-1 entitled "The Empire Plan Employee Benefit Card"

Notice of Bidding Intention Form

(Please PRINT Firm's Name Above) With regard to this RFP, (check one of the following boxes applicable): We ARE INTERESTED & MAY submit a bid response. We ARE NOT INTERESTED & WILL NOT be submitting a bid response because: INTEREST IN M/WBE SUBCONTRACTING POSTING: (Check box if applicable) Our firm is a NYS certified M/WBE interested in a subcontracting opportunity. Please add our firm's contact information, indicated at the top of this Form, to the list of certified M/WBE subcontractors tha have expressed interest in this Procurement. The list will be posted on Department's web page for this Procurement. The NYS M/WBE certification documentation for our firm is attached	
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Name of Contact at Firm	
Title	
Email Address	
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Complete the tables above and submit it to the EBC Program Procurement Manager specified in IFB, Section II.A.2.b. The completed table may be emailed, faxed and/or mailed (see addresses provided in IFB, Section II.A.2.b.).