

**NYS Department of Civil Service
2016 HMO Specifications
Notice of Intent**

(Please PRINT HMO's Name Above)

With regard to these Specifications, (check one of the following boxes applicable):

- We **ARE INTERESTED & MAY** submit a response.

- We **ARE NOT INTERESTED & WILL NOT** be submitting a 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 that 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.

Procurement Contact	E-Page Contact
Name of Contact at HMO	Name of Contact at HMO
Title	Title
Address	Address
Email Address	Email Address
Date _____ / _____ / _____	

The completed form may be emailed, faxed and/or mailed to the HMO Procurement Manager as set forth in Specifications Section 11.A.2.b.