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NEW YORK SUBCONTRACTORS AND SUPPLIERS

As stated in Section II.B.11 of the Specifications, HMOs are encouraged to use New York State businesses in the performance of Program Services. Please complete the following exhibit to reflect the HMO'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 5-Year Contract Period	Identify if Subcontractor <u>or</u> Supplier