**NYS Department of Civil Service**

**2016 HMO Specifications**

**Notice of Intent**

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(Please PRINT HMO’s Name Above)

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| 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:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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. |

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|  | **Procurement Contact** | | | | |  |  | **E-Page Contact** | | | |  |
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| Name of Contact at HMO | | | |  |  |  | Name of Contact at HMO | | |  |  |  |
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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.