

**Exhibit I.J.1 – M/WBE Subcontracting Posting Request Form**

**NYS Department of Civil Service  
RFP No. Rx-2018-1  
entitled**

**“Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan,  
and New York State Insurance Fund Prescription Drug Programs”**

M/WBE Subcontracting Posting Request Form

(Please PRINT Firm's Name Above)

**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 below, to the list of certified M/WBE subcontractors that have expressed interest in this Procurement. The list will be posted on the Department's web page for this Procurement only.
  
- The NYS M/WBE certification documentation for our firm is attached.

\_\_\_\_\_

Name of Contact at Firm

  

\_\_\_\_\_

Title

  

\_\_\_\_\_

Email Address

  

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date

Complete the table above and submit it to the Pharmacy Benefits Services Procurement Manager specified in RFP, Section II.A.2.b. The completed table may be emailed, faxed and/or mailed (see addresses provided in RFP, Section II.A.2.b.).