ATTACHMENT 12

NEW YORK STATE OF OPPORTUNITY. Department of Civil Service	**New York State Subcontractors and Suppliers RFP entitled: "Healthcare Program Administrative Services Only (ASO)"**

Offeror Name: _____

As stated in Section 2 of this RFP, an Offeror is encouraged to use New York State businesses in the performance of Program Services. Please complete the following exhibit to reflect the Offeror'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 and/or Supplier