

# ATTACHMENT 1



**Offeror Affirmation of Understanding and Agreement:  
RFP entitled:  
"New York State Health Insurance Program  
Decision Support System"**

As a prerequisite for participating in this Request for Proposals entitled: **"New York State Health Insurance Program Decision Support System,"** an Offeror must provide the following Affirmation of Understanding and Agreement to comply with these procurement lobbying restrictions in accordance with State Finance Law §§139-j and 139-k. Attachment 1 should be completed by the Offeror and emailed and/or mailed to the Designated Contact as set forth in Section 2 of the RFP.

## **Offeror Affirmation and Agreement**

The Offeror affirms that it understands and agrees to comply with the procedures of the Department of Civil Service relative to permissible Contacts as required by State Finance Law §139-j(3) and §139-j(6)(b). The Department's procedures are set out in Attachment 2.

Name of Offeror:


By:

(Signature)

Name:

Title:

Email:

Address:

Date:
