ATTACHMENT 13



Offeror Name: _____

NYS Subcontractors and Suppliers RFP entitled: "New York State Health Insurance Program Decision Support System"

Period

businesses in the perfo	of this RFP, an Offeror is rmance of Project Servic proposed utilization of Ne	ces. Please complete th	ne following at	tachment
Name(s) of New York Subcontractors and/or Suppliers	Address, City, State, and Zip Code	Description of Services or Supplies Provided	Estimated Value Over 1-Year Contract	Identify if Subcontractor and/or Supplier