## **ATTACHMENT 12**



Offeror Name: \_

New York State Subcontractors and Suppliers RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

As stated in Section 2 of this RFP, an Offeror is encouraged to use New York State businesses in the performance of Project Services. Please complete the following attachment 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 1-Year Contract Period	Identify if Subcontractor and/or Supplier