

**Request for Proposal (RFP) #Z-46 Benefit Banking Services
Attachment 2**

"NOTICE OF INTENT TO BID"

**Submission of the Notice of Intent to Bid is to be completed and returned on/or prior to _____ by
5:00 PM ET to:**

**New York State Department of Labor
Purchase & Contracts
State Office Campus Bldg. 12, Rm. 454
Albany, New York 12240
Email Address: DOLPurchase-Contracts@labor.ny.gov**

Information with regard to the Bidder (please print):	
Name:	
Address:	
City, State, ZIP Code:	
E-mail:	
Telephone Number (including area code):	
Fax Number (including area code):	

Please check appropriately:	
Yes <input type="checkbox"/> No <input type="checkbox"/>	We are interested in submitting a proposal.
Yes <input type="checkbox"/> No <input type="checkbox"/>	We are certified minority or woman owned business.
Reason regarding why vendor is not submitting proposal:	

Bidder's Name

Signature

Title of Signatory

Printed or Typed Name

Date: _____