ATTACHMENT U

LETTER OF INTENT

To: _____

New York State Department of Health

Office of Health Insurance Programs

Empire State Plaza - Corning Tower, Room _____

Albany, NY 12237

I recognize that I have the opportunity to compete in an RFP process to contract with New York State to design, develop, implement, operate and maintain a Medicaid Data Warehouse assume and assume operational support responsibilities for the Office of Health Insurance Programs (OHIP) Data Mart. I further understand that the successful Offeror(s) will engage in a contract for a six (6) year period.

It is understood that this Letter of Intent is not binding on either party but simply alerts the Department of Health of the Offeror's intentions.

Contact Person: _____

Organization: _____

Address: _____

E-mail Address: _____

Phone Number: _____ FAX Number: _____

____ Yes I am interested in submitting a proposal for the Department of Health Medicaid Data Warehouse. I understand that this letter of interest is nonbinding.

____ No I am not interested in submitting a proposal for the Department of Health Medicaid Data Warehouse for the following reasons:

_____

_____

Signed: _____ Date: _____

(Person having authority to enter into a contractual agreement)