**IFB #DEAS-2015-1**

**“Dependent Eligibility Audit Services IFB”**

# Questions Template

| **Question****Number** | **IFB****Page #** | **Section and Sub-Section Reference** | **Question** |
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Offerors are requested to use the Questions Template table above in submitting questions. An Offeror’s questions must be submitted to the The DEAS Procurement Manager at the address specified in Section II.A.6 of this IFB, with an electronic copy (in Microsoft Word format) of the Offeror’s questions sent to the DEAS Procurement Manager’s attention at: **DEAS2015IFB@cs.ny.gov****.**