NEW YORK STATE OF OPPORTUNITY. Department of Civil Service	**QUESTIONS TEMPLATE - RFP ENTITLED: "New York State Health Insurance Program Decision Support System"**

Offeror Name: _____

Email address:_____

Question Number	RFP Page #	Section Reference	Question

An Offeror is required to use the **Questions Template** table above when submitting questions. Offeror's questions must be submitted to Designated Contact specified in Section 2 of this RFP.