**New York State Department of Civil Service**

**“Mental Health and Substance Abuse Program for the Empire Plan, Excelsior Plan, and Student Employee Health Plan RFP”**

Questions Template

| **Question**  **Number** | **RFP**  **Page #** | **Section and Sub-Section Reference** | **Question** |
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Offerors are requested to use the Question Template table above in submitting questions. Offerors’ questions must be submitted to the MHSA Program Procurement Manager

at the address specified in Section II.A.6 of this RFP, with an electronic copy (in Microsoft Word format) of the Offeror’s questions sent to the MHSA Program Procurement Manager’s attention at: [**MHSA2013RFP@cs.state.ny.us**](mailto:MHSA2013RFP@cs.state.ny.us)**.**