NEW YORK STATE OF OPPORTUNITY. Department of Civil Service	**Questions Template** **RFP entitled:** **"New York State Health Insurance Program Decision Support System"**

Offeror Name: _____

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 the designated contact found in Section 2 of this RFP.