**APPENDIX I: QUESTION SUBMISSION FORM**

**RFP #01-2024, Independent Living**

Each respondent may complete the form provided based on its questions relating to this RFP. The completed form shall be submitted in accordance with the instructions provided in **Section 1** of the RFP. This form may be expanded as needed to facilitate response to this requirement.

**Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Question Number**  | **RFP Section** | **Question**  | **Answer** |
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