Appendix B

Region V Systems

**REQUEST FOR INFORMATION**

**Medically Monitored Inpatient Withdrawal Management** **RFP**

All questions regarding this RFP should be made in writing, and directed to Amanda Tyerman-Harper at:

[atyerman@region5systems.net](mailto:atyerman@region5systems.net).

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| --- | --- | --- | --- |
| Applicant Name: |  | Date: |  |
| Address: |  |  |  |
| Phone: |  | RFP Page #: |  |

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| --- |
| Question: |
| Answer: |
| Submitted by: |

Written responses to questions will be made by RVS personnel via email to the inquiring party within one (1) business day and emailed to all parties that submitted a Letter of Intent.