

APPENDIX B: REQUEST FOR CLARIFICATION

Solicitation Number: ITN 21-03

Title: Contact Center Services

Issuer: Florida Prepaid College Board
1801 Hermitage Boulevard, Suite 210
Tallahassee FL 32308

Respondent: _____

No.	ITN Section	ITN Page	Question / Comment
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Authorized Signature: _____

Date: _____

Printed Name & Title: _____