New Hampshire Department of Health and Human Services

Submission Checklist

Vendor Name		
1. Techn	ical Respo	onse Contents
	Audited F	Financial Statements (four (4) most recently completed rs)
	Appendix	B – CLAS Requirements
	Appendix	C – Transmittal Letter and Vendor Information
	Appendix	CD – Technical Responses to Questions
	Resumes	