**Instructions**: Provide detailed responses in the text boxes to the questions below. If additional attachments are required as specified below, submit the attachments in the order they are requested below. There is no page limit for this Appendix C-2 – Mandatory Questions for Medicare Outreach, Volunteer and Training Services, or any associated attachments.

|  |  |
| --- | --- |
| **Vendor Name** |  |

\*\*Please include which geographic areas you are proposing to provide these additional services for:

1. **What is your ability to provide the training scope outlined in this RFA, including any training assistance previously provided?**

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1. **Please explain how you will recruit SHIP and SMP volunteers to help support the Medicare Open Enrollment period.**

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1. **What is your experience identifying outreach opportunities to broaden and expand assistance to target populations?**

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