

KATHY HOCHUL Governor ANTHONY J. ANNUCCI Acting Commissioner

## ATTACHMENT 2 No-Bid Form

SOLICITATION TITLE: Medication Assisted Treati	ment Program	SOLICITATION # <u>2022-01</u>
Bidders choosing not to bid are requested to com	plete the portion o	of the form below:
$\square$ We do not provide the requested services. Pl	ease remove our	firm from your mailing list.
☐ We are unable to bid at this time because:		
		<del></del>
☐ Please retain our firm on your mailing list.		
(Firm Name)		
(Officer Signature)	(Date)	
(Officer Title)	(Telepho	one)
(Email Address)	_	