|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 別紙２ |  |  |  |  |  | |  |  |  |
| **質　疑　書** | | | | | | | | | |
|  |  |  |  |  |  | | 令和　　　　年　　　月　　　日 | | |
| 障がい福祉課　　　　様 | | | |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  | 事業者名 |  | | | | |
|  |  |  |  | 質問者名 |  | | | | |
|  |  |  |  | 連絡先 |  | | | | |
|  |  |  |  | 電話 |  | | | | |
|  |  |  |  | メールアドレス | |  | | | |
|  |  |  |  |  |  | |  |  |  |
| 事業名　　　恵庭市基幹相談支援センター・恵庭市障がい者相談支援事業 | | | | | | | | | |
|  |  |  |  |  |  | |  |  |  |
| 上記事業の企画提案にあたり、以下のとおり質問いたします。 | | | | |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
| 質　疑　事　項 | | | | | | | | | |
|  | | | | | | | | | |