**State of Indiana**

**RFP 01-2024 Intensive Foster Care Services**

**Attachment K – Intent to Respond Form**

Return this optional form bye-mail to ChildWelfarePlan@dcs.in.gov no later than the due date listed in Section 1.24 of the RFP**.**

 Company Name:

 Contact Name:

 Contact Title:

 Address:

 Contact Telephone:

 Contact Email:

 Fax:

 Mark **one** of the following:

 We **do** plan to respond to this RFP

 We **do not** plan to respond to this RFP

Reason if no: