**DCS CARES Act RFF - 10000186**

**Attachment F – Intent to Respond Form**

Return this optional form bye-mail to Michael.Sturm@dcs.IN.gov no later than October 16, 2020 at 3 p.m. ET.

 Provider Name:

 Provider Type (LCPA, Community-Based, including CACs, and/or Residential):

 Contact Name:

 Contact Title:

 Address:

 Contact Telephone:

 Contact Email:

 Fax:

Mark **one** of the following:

 We **do** plan to respond to the DCS CARES Act RFF

 We **do not** plan to respond to the DCS CARES Act RFF