**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](about:blank) 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: