**Attachment I**

**RFP #26-85172 Pharmacy & Nursing Assistance Program**

**Pre-Proposal Network Opportunities Form**

**Instructions:** Fill in the blank cells below with the requested information. Forms should be submitted via email to [rfp@idoa.in.gov](mailto:rfp@idoa.in.gov) per RFP Section 1.24.

The subject line of the email submissions must clearly state the following:

“[**RFP 26-85172 Attachment I – [*INSERT COMPANY NAME*]**”.

***This is an optional form***.

|  |  |
| --- | --- |
| **Company Name** |  |
| **MBE/WBE/IVOSB (if applicable)** |  |
| **Company Address** |  |
| **Contact Name and TItle** |  |
| **Contact Telephone** |  |
| **Contact Email** |  |