**Attachment M – Intent to Respond Form**

**Indiana Health Care Emergency Systems**

**RFP #:26-84370**

Return this form bye-mail to Angie Alexander ([AngAlexander@idoa.IN.gov](mailto:AngAlexander@idoa.IN.gov)) no later than 12/10/2025 @ 3:00PM (Eastern). Any updates will be listed in Section 1.24 of the RFP.

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

“RFP 26-84370 Intent to Respond Form – [*INSERT COMPANY NAME*]”.

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 with a proposal for Medical Services

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

Reason if no: