**RFP 26-86206: Medicaid Fraud and Abuse Detection System**

**Attachment L: Intent to Respond Form**

**Indiana Department of Administration (IDOA)**

**Instructions:** Please return this optional form bye-mail to Kevin March ([kmarch@idoa.in.gov](mailto:kmarch@idoa.in.gov)) according to Section 1.24 of the RFP.

**Company** **Name**:

**Contact** **Name**:

**Contact** **Title**:

**Address**:

**Contact** **Telephone**:

**Contact** **Email**:

**Fax**:

Please mark **one** of the following. If you are **not** responding to this RFP, please provide reasoning behind your decision.

We **do** plan to respond to this RFP with a proposal

We **do not** plan to respond to this RFP with a proposal

Reason if **No**: