**Request For Services 26-84994**

**Home and Community-Based Waiver Services Case Management**

**Attachment I**

**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:

“[**RFS-26-84994 Attachment I – [*INSERT COMPANY NAME*]**”.

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

|  |  |
| --- | --- |
| **Company Name** |  |
| **Company Address** |  |
| **Contact Name and TItle** |  |
| **Contact Telephone** |  |
| **Contact Email** |  |