Attachment F – Notice of Intent to Bid Form

**Iowa Department of Health and Human Services – RFP# FWBP-CHC-26-004**

**Wrap Around Child Care Program**

Please complete and return this form bye-mail to the issuing officer at [m](mailto:Melanie.Mathes@hhs.iowa.gov)elanie.mathes@hhs.iowa.gov no later than **2:00 p.m. Central Time** (local Iowa Time) **on November 7, 2024.** Please note that while it is not mandatory for Bidders to submit this Notice of Intent to Bid Form, the Agency will only respond to questions about the RFP that have been submitted by Bidders who have expressed their intent to bid using this form. The Agency may cancel an RFP for lack of interest based on the number of Intent to Bid forms received.

Bidder’s Name:

Contact Name:

Contact Title:

Contact Mailing Address:

Contact Email Address:

Contact Phone Number:

**Statement of Intent to Bid**

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

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