

REQUEST FOR PROPOSAL FWBP-EIS-25-007

Attachment K – Intent to Bid Form

Please complete and return this form by e-mail to the issuing officer at ksimmon2@dhs.state.ia.us no later than **1:00 p.m. Central Time** (local Iowa Time) on **February 19, 2024**. Please note that while it is not mandatory for Bidders to submit this 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 Fax Number: _____

Contact Phone Number: _____

Statement of Intent to Bid – More Options for Maternal Support Program Pregnancy Support Services Providers RFP FWB-EIS-25-007.

_____ We **do** plan to respond to this RFP with a Proposal

_____ We **do not** plan to respond to this RFP with a Proposal