

**Iowa Department of Health and Human Services – RFP MEDIOMC27001  
Iowa Dental Wellness Plan and Hawki Dental Pre-Paid Ambulatory Health Plan  
(PAHP)  
Attachment G – Letter of Intent to Bid Template**

Please complete and return this form by e-mail to [RFP\\_MEDIOMC27001@hhs.iowa.gov](mailto:RFP_MEDIOMC27001@hhs.iowa.gov) no later than **3:00 p.m. Central Time on February 19, 2025.**

Please note that while it is not mandatory for Bidders to submit this Intent to Bid form, the Agency will only respond to first and second round questions about the RFP that have been submitted by prospective Bidders who have expressed their affirmative intent to bid using this form. *(See RFP Section 2.7 Questions, Requests for Clarification, and Suggested Changes.)*

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: \_\_\_\_\_

Mark **one** of the following:

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

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

Reason if no: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_