**DCS CARES Act RFF - 10000186**

**Attachment F – Intent to Respond Form**

Return this optional form bye-mail to [Michael.Sturm@dcs.IN.gov](mailto:Michael.Sturm@dcs.IN.gov) no later than October 16, 2020 at 3 p.m. ET.

Provider Name:

Provider Type (LCPA, Community-Based, including CACs, and/or Residential):

Contact Name:

Contact Title:

Address:

Contact Telephone:

Contact Email:

Fax:

Mark **one** of the following:

We **do** plan to respond to the DCS CARES Act RFF

We **do not** plan to respond to the DCS CARES Act RFF