**State of Indiana**

**RFP 19-095**

**Long Term Care (LTC) Ombudsman Services**

**Attachment K – Intent to Respond Form**

Return this optional form bye-mail to Teresa Deaton-Reese (tdeaton@idoa.in.gov) no later than **3:00 p.m. Eastern Time on 3/28/19.**

 Company Name:

 Contact Name:

 Contact Title:

 Address:

 Contact Telephone:

 Contact Email:

 Fax:

 Mark **one** of the following:

 We **do** plan to respond to this RFP

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

Reason if no: