

REQUEST FOR PROPOSAL 25-81223
[INSERT SOLICITATION FOR FROM RFP COVER LETTER]

ATTACHMENT I
PRE-PROPOSAL NETWORK OPPORTUNITIES FORM

Instructions: Fill in the blank cells below with the requested information. Forms should be submitted via email to rfp@idoa.in.gov per RFP Section 1.24.

The subject line of the email submissions must clearly state the following:

“**[RFP 25-81223 ISPHN Staff Augmentation Attachment I – [INSERT COMPANY NAME]]**”.

This is an optional form.

Company Name	Favorite Healthcare Staffing, LLC
MBE/WBE/IVOSB (if applicable)	N/A
Company Address	9800 Metcalf Ave., 4 th Floor, Overland Park, KS 66212
Contact Name and Title	Keenan Driver, Chief Sales Officer
Contact Telephone	(765) 432-1681
Contact Email	rfp@favoritestaffing.com