**RFP 25-82984: Fee For Service Medicaid Incontinence Supplies**

**Attachment L – Intent to Respond Form**

**Indiana Department of Administration (IDOA)**

Return this optional form bye-mail to Angela Embry ([anembry@idoa.in.gov](mailto:anembry@idoa.in.gov)) no later than the due date listed in Section 1.24 of the RFP**.**

Company Name:

Contact Name:

Contact Title:

Address:

Contact Telephone:

Contact Email:

Fax:

Please mark **one** of the following. If you are **not** responding to this RFP, please provide reasoning behind your decision.

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

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

Reason if no: