Request for Proposal/Partnership 27-88343
Pre-Proposal Network Opportunities Form
Attachment I

Instructions

This is an optional form.

Fill in the blank cells below with the requested information. Forms should be submitted via email to rfp@idoa.in.gov by **September 10, 2026 1:30 PM TIME** Eastern Time.

The subject line of the email submissions must clearly state the following:
RFP 27-88343 Attachment I – [*INSERT COMPANY NAME*]

Company Name	Wright Touch HouseCalls
Contact Name and Title	Erin Wright FNP-C Clinical Director and Owner
Contact Telephone Number	2196770542
Contact Email	ewright@wrighttouchhc.org
Company Mailing Address	3831 Hohman Avenue, Unit 5120
Company City, State, Zip	Hammond, IN. 46327