## LETTER OF INTENT

**(MANDATORY NON-BINDING)**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our agency is planning to apply for funding in response to the RFP entitled ***Multidimensional Family Therapy (MDFT) Services*** to serve the following DCF region:

|  |  |  |
| --- | --- | --- |
| **□ REGION 1**  Bridgeport, Norwalk | **□ REGION 2**  New Haven, Milford | **□ REGION 3**  Middletown, Norwich, Willimantic |
| **□ REGION 4**  Hartford, Manchester | **□ REGION 5**  Waterbury, Danbury, Torrington | **□ REGION 6**  New Britain, Meriden |

|  |
| --- |
| AGENCY NAME: |
| FEIN: |
| AGENCY ADDRESS:  (street, city ,state, zip) |
| AGENCY CONTACT: |
| POSITION/TITLE: |
| TELEPHONE NUMBER: |
| FAX NUMBER: |
| EMAIL ADDRESS: |

Mandatory Letter of Intent must be received by **3:00 p.m.** on **September 14, 2018** to **Stacie Albert.**

## PROPOSAL COVER SHEET

## Proposals due by 3:00 PM on October 19, 2018

**Multidimensional Family Therapy (MDFT) Services**

**Request for Proposals**

|  |  |  |
| --- | --- | --- |
| **□ REGION 1**  Bridgeport, Norwalk | **□ REGION 2**  New Haven, Milford | **□ REGION 3**  Middletown, Norwich, Willimantic |
| **□ REGION 4**  Hartford, Manchester | **□ REGION 5**  Waterbury, Danbury, Torrington | **□ REGION 6**  New Britain, Meriden |

|  |  |
| --- | --- |
| **Name of Agency:** |  |
| **Address** |  |
| **Application Contact Person:** |  |
| **Contact Person Phone & Fax:** |  |
| **Contact Person Email Address:** |  |

*This application must be signed by the applicant's executive director or other individual with executive oversight for agency services delivered in Connecticut*

By submitting this application, I attest that all the information included within the application is true.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
|  |  |  |  |
| Name (Printed): |  | Title: |  |