## LETTER OF INTENT

**(MANDATORY NON-BINDING)**

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

Our agency is planning to apply for funding in response to the RFP entitled ***SAFE Family Recovery*** 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 25, 2018** to Stacie Albert.

## PROPOSAL COVER SHEET

SAFE Family Recovery

**Request for Proposals**

|  |  |
| --- | --- |
| **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: |  |

##

## SUBCONTRACTOR PROFILE

##### (COMPLETE FOR EACH SUBCONTRACTOR -Use additional pages as needed)

|  |
| --- |
| Legal Name of Agency: |
| FEIN :  |
| Agency Contact Person: |
| Title: |
| Address: |
| Phone: | Fax: |
| Email: |
| Amount of Subcontract: |

##### Brief description the subcontractor agency

##### Description of services to be provided related to the service/program

Justification of the use of subcontractor to meet program goals and outcomes