## LETTER OF INTENT

**(MANDATORY NON-BINDING)**

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

Our agency is planning to apply for funding in response to the RFP entitled ***Parenting Support Services*** to serve the following DCF area office(s):

|  |  |  |
| --- | --- | --- |
| **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 **March 22, 2019** to **Stacie Albert.**