

LETTER OF INTENT

Behavioral Health Services

Dual Residential Facility – Service Development

Additional service opportunities will be listed in the Request For Proposal for interested parties.

All parties who are considering applying for the above services must complete and return this Letter of Intent to:

Attn: Lisa Simmons, Network Manager
Region I Behavioral Health Authority
4110 Ave D
Scottsbluff, NE 69361

Letter of Intents can also be received electronically by emailing them to lsimmons@region1bhs.net.
The Letter of Intent must be received by the Region I offices no later than 5:00 P.M., March 5, 2021.

Submitting a Letter of Intent does not bind the party to submit an application.

*Name of Applicant (Lead Applicant) _____

Street Address _____

City _____ State _____ Zip _____

Name of Director _____ Phone Number _____

Contact Person _____ Phone Number _____

Fax Number _____ E-Mail _____ Federal ID # _____

Legal Status (check one): Non Profit For Profit Quasi-Governmental
 Other (specify) _____

*If applicant will submit an application in collaboration with other entities, please specify the entity(ies) names:

