

**LETTER OF INTENT**

***Behavioral Health Services  
Emergency Community Support  
Primarily in Scotts Bluff, Banner, Morrill, and Kimball County  
in the Panhandle of Nebraska***

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](mailto:lsimmons@region1bhs.net).  
The Letter of Intent must be received by the Region I offices no later than 5:00 P.M., March 22, 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:

\_\_\_\_\_  
\_\_\_\_\_