

*Promoting Comprehensive Partnerships in Behavioral Health*

**1645 N Street, Lincoln, Nebraska 68508**

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[**https://region5systems.net/**](https://region5systems.net/)

Request for Proposal

Coordinated Specialty Care

**Letter of Intent**

All parties who intend to submit a proposal(s) for Coordinated Specialty Care must complete and return this Letter of Intent to:

Attn: Amanda Tyerman-Harper

at

[networkmanagement@region5systems.net](mailto:networkmanagement@region5systems.net)

**This Letter of Intent must be received by 4:00 p.m., September 27, 2024**

Submitting a Letter of Intent does not bind the party to submit a proposal(s).

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| --- |
| **Applicant Information**  \*Provider Name:       Federal ID Number:       Street Address:  City:       State:       Zip:  Legal Status (Check one)  Non-Profit  For Profit  Quasi-Governmental  Other (specify)  Name of Director:       Phone Number:  Director’s E-mail:       Fax Number:  **Contact Person Information**  Name:       Phone Number:  Fax Number:       E-Mail: |

\*If applicant will submit a proposal in collaboration with other entities, please specify the entity(ies) name(s):