

*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

**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):