

*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

Cover Page

RFP Released: September 18, 2024

**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: |
| **Contact Person Information** |
| Name:       Phone Number:  Fax Number:       E-Mail |

**Funding / Capacity**

|  |
| --- |
| Funding Requested Capacity Requested  $ |

Typed Name of Authorized Person Title of Authorized Person

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

Signature of Authorized Person Date

\*If applicant is submitting this proposal in collaboration with other entities, please specify the entity(ies) name(s):