

**APPENDIX #2**

**LETTER OF INTENT**  
**(MANDATORY NON-BINDING)**

Date: \_\_\_\_\_

Our agency is planning to apply for funding in response to the RFP entitled ***SAFE Family Recovery***

**REGION 1**

AGENCY NAME:
FEIN:
AGENCY ADDRESS: (street, city ,state, zip)
AGENCY CONTACT:
POSITION/TITLE:
TELEPHONE NUMBER:
FAX NUMBER:
EMAIL ADDRESS:

Mandatory Letter of Intent must be received by **3:00 p.m. on March 23, 2023**  
**Erin Mahony (DCF.FISCALCONTRACTS@ct.gov).**