**REQUEST FOR PROPOSALS**

**RFP # DOC-MOUD-2020-CC**

**Department of Correction**

**January 2020**

**LETTER OF INTENT**

**Return by 3:00pm, January 31, 2020 to:**

Name: Christine Caminito

Address: Department of Correction

24 Wolcott Hill Road

Wethersfield, CT 06109

Telephone: 860-692-7849

Fax: 860-692-7576

E-mail: [DOC.RFP@ct.gov](mailto:DOC.RFP@ct.gov)

*(include RFP no. DOC-MOUD-2020-CC in subject line)*

Our organization below intends to submit a proposal(s) in response to the above referenced RFP to serve the following DOC facility or facilities:

Carl Robinson  Walker Reception Center  Willard-Cybulski

Note: This mandatory letter of intent is a non-binding expression of interest and does not obligate the sender to submit a proposal.

**Prospective Proposer**

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|  |  |

Legal Name Telephone Number

|  |  |  |
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Mailing Address Town, State Zip Code

**Contact Person**

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Name Title

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Mailing Address (if different) Town, State Zip Code

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Telephone Number Fax Number E-mail Address

**Person Authorized to Sign Contract:**

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Name Title

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Signature Date