

Letter of Interest/Intent Form
for
Counseling Connections for Change, Inc.
2023 Facility Rehabilitation Project

Entity Legal Name: _____

D/B/A (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) ____-____ Email Address: _____

EIN _____ Unique Entity Identifier (if available): _____

I, the undersigned, as duly authorized representative of the entity above, hereby submit this LOI in response to the procurement requirements of Counseling Connections for Change (CCFC) Request for Qualifications (RFQ) for its 2023 Facility Rehabilitation Project.

Printed Name

Title

Signature of Authorized Firm Representative

Date of Signature