**LETTER OF INTEREST FORM**

Please type or print all information. Return the completed and signed form along with your Letter of Interest to the North Sound BH-ASO (North Sound BH-ASO) office at 2021 College Way Ste. 101, Mt. Vernon, WA 98273 or in PDF format emailed to deliverables@nsbhaso.org. Letter of Interest Form must be received by North Sound BH-ASO by close of business (5 p.m.) on August 31, 2021. Faxed or emailed Letters will be accepted. Late or incomplete forms will not be accepted.

IDENTIFYING INFORMATION

Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEO's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RFI Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature below indicates an interest in becoming a sub-grantee for the Community Behavioral Health Rental Assistance Subsidies program with the North Sound BH-ASO (North Sound BH-ASO). I understand that signing this letter does not bind me to submission of a full application. All information submitted in this letter of intent is true to the best of my knowledge and belief. I fully understand that any significant misstatement in or omission from this application may constitute cause for denial of participation with the North Sound BH-ASO.

Name and Title (print or type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_