



Request for Proposal

Letter of Intent

Please type or print all information. Return the completed and signed form to the North Sound BH-ASO office by email or fax (contact information below). Letter of Intent Form **must be received by North Sound BH-ASO by COB March 19, 2025.** Late or incomplete forms will not be accepted.

IDENTIFYING INFORMATION

Agency Name _____

Director's Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail Address _____

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

Please submit to:

Email: deliverables@nsbhaso.org

Or

Fax: (360) 899-4754