



# 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 January 30, 2026**. 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.*

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**Name and Title (print or type)**

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**Signature**

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**Date**

*Please submit to:*

*Email: [deliverables@nsbhaso.org](mailto:deliverables@nsbhaso.org)*

*Or*

*Fax: (360) 899-4754*