



## Intent to Respond

CenCal Health has initiated a Request for Proposal (RFP) process. We will assess the proposals based on how well they meet the criteria outlined in the RFP, as well as their compatibility with CenCal Health's strategic goals and objectives.

Completion, signature, and submission of this "Intent to Respond" form signals your potential participation in this RFP.

Proposals will only be considered if the aforementioned document is submitted by the designated deadline. This document should be sent through electronic email to: [CenCal-RFP@cencalhealth.org](mailto:CenCal-RFP@cencalhealth.org)

### Vendor Information:

Required Info	Vendor Response
Full Company Name	
Address	
City	
State	
Remit to Address, City, State (if different from above)	
Primary Contact Name	
Primary Contact Telephone	
Primary Contact Fax	
Primary Contact Email	
Company Web Address	

On behalf of (Vendor), I have the authority to complete this "Intent to Respond" and to submit as outlined above.

My signature below serves as an acknowledgment and agreement to the terms and conditions set forth in this RFP.

Signature/Date

Printed Name/Title

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