|  | San | inle: | Letter | of Intent | for North | Philadelph | ia Behav | ioral Health | Outpatient | Services | RF | P |
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[Date]

Mark O'Dwyer Network Development Outpatient Project Manager Community Behavioral Health 801 Market St. Philadelphia, PA 19107

Dear Mr. O'Dwyer:

We welcome the opportunity to submit a proposal to provide behavioral health services in North Philadelphia. Given that we currently provide the following services:

• [insert current organizational licenses and programming]

we plan to propose starting the following programs:

• [insert service/s you plan to apply for]

We recognize this is a non-binding letter of intent and are not bound to complete this proposal, but presently intend to do so.

[Name, Title] will be our main point of contact for the purposes of the application process and can be reached at:

- [Mailing Address]
- [Phone Number]
- [Email Address]

| PROVIDER'S SIGNATURE   |  |
|------------------------|--|
| PRINTED NAME OF SIGNER |  |
| TITLE OF SIGNER        |  |
| DATE                   |  |