

REQUEST FOR PROPOSALS
Social Services
Attachment 1
Letter of Intent form

Instructions

Organizations interested in submitting a proposal to contract with the City of Columbia for social services must first complete and submit this *Letter of Intent form*. To do so, simply complete the form and submit by clicking the submit button at the top of form. For detailed information regarding the letter of intent process, please reference Section 8. of this RFP and Section IX. of the *Social Services Funding Policy for the City of Columbia* (Appendix A)

Contact

For questions, further information and/or accommodation related to disability, please contact:

Division of Human Services

1005 W. Worley Street

P.O. Box 6015

Columbia, Missouri 65205-6015

V 573.874.7488

E-mail: HumanServices@GoColumbiaMo.com

Web: http://www.gocolumbiamo.com/Health/HumanServices/Programs/Social_Service/bccsacfundinfo.php

Organization Information

Organization Name	
Organization Type	<input type="checkbox"/> Tax-exempt/not-for-profit <input type="checkbox"/> Governmental <input type="checkbox"/> For-profit
DBA (if applicable)	
Physical (Street) Address	
City	
State	
Zip	
Mailing Address (If different)	
City	
State	
Zip	
Phone Number	
Fax Number	
E-mail Address	
Website	

Head of Organization (e.g. Executive Director, President, CEO)

Name	
Title	
Phone Number	
E-mail Address	

Contact for Proposal

Name	
Title	
Phone Number	
E-mail Address	

Is the organization qualified to propose to enter a purchase of service contract with the City of Columbia, per Sections VIII. And X. of the <i>City of Columbia Social Services Funding Policy (Appendix A)</i> ?	___ Yes ___ No
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Program Information

The purpose of this section is to provide detailed information about the program(s) the organization intends to propose to contract to the City of Columbia. For each program, program services should be unbundled (e.g. separate rates for individual counseling and case management); therefore, please provide information for each program service to be provided in each proposed program.

Program 1 Name		
Issue Area		
	Program Service (e.g. "case management")	Unit of Service (e.g. "15 minutes")
Program Service 1		
Program Service 2		
Program Service 3		
Program Service 4		
Program Service 5		

Program 2 Name		
Issue Area		
	Program Service (e.g. "case management")	Unit of Service (e.g. "15 minutes")
Program Service 1		
Program Service 2		
Program Service 3		
Program Service 4		
Program Service 5		

Program 3 Name		
Issue Area		
	Program Service (e.g. "case management")	Unit of Service (e.g. "15 minutes")
Program Service 1		
Program Service 2		
Program Service 3		
Program Service 4		
Program Service 5		

Program 4 Name		
Issue Area		
	Program Service (e.g. "case management")	Unit of Service (e.g. "15 minutes")
Program Service 1		
Program Service 2		
Program Service 3		
Program Service 4		
Program Service 5		

Program 5 Name		
Issue Area		
	Program Service (e.g. "case management")	Unit of Service (e.g. "15 minutes")
Program Service 1		
Program Service 2		
Program Service 3		
Program Service 4		
Program Service 5		

Is the program service(s) the organization is intending to propose to contract with the City of Columbia eligible, per Sections IV., VI., VII., and VIII. of the <i>City of Columbia Social Services Funding Policy</i> (Appendix A) and the scope of work outlined in Section 6. of this RFP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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For DHS use only.

Status Determination

The qualification status of each program included in this Letter of Intent is indicated in the table below. For programs which are indicated as "qualified," the organization is invited to submit a full proposal in response to the City of Columbia RFP for Social Services. Program(s) indicated as "unqualified" are ineligible for submission.

	Qualified	Unqualified	Rationale/Comments
Program 1			
Program 2			
Program 3			
Program 4			
Program 5			