**LETTER OF INTENT**

**2026 - 2029 FOOT CARE SERVICES**

AGENCY NAME: \_\_\_\_\_\_\_\_\_

CONTACT PERSON:

ADDRESS:

TELEPHONE:

TYPE OF AGENCY: [ ]  Private Non-Profit

 [ ]  Private Profit

 [ ]  Other (Please Specify)

I wish to provide foot care services funded by Southeast Washington Aging & Long-Term Care for the following service area:

[ ]  Asotin [ ]  Columbia [ ]  Benton [ ]  Franklin [ ]  Kittitas

Yakima: [ ]  Upper County [ ]  Lower County

This Letter of Intent must be completed and submitted by any interested service provider wishing to provide the services mentioned above. Failure to submit this Letter of Intent will disqualify agencies from further consideration in this process. This Letter of Intent is **due by 5:00 p.m. Tuesday, May 20, 2025**. It must be sent via email or mail to:

 **Southeast Washington Aging & Long Term Care**

 **P.O. Box 8349**

 **Yakima, WA 98908**

 **Attn: Nathan Hart** **nathan.hart@dshs.wa.gov**

I certify that I have the legal authority to commit this agency or organization to a contractual agreement.

Signature

Title

Date