**LETTER OF INTENT**

**2026 - 2029 TRANSPORTATION SERVICES**

AGENCY NAME:

CONTACT PERSON:

ADDRESS:

TELEPHONE:

TYPE OF AGENCY: Private Non-Profit

Private Profit

Other (Please Specify)

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

Kittitas  Asotin

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**](mailto: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