

**APPENDIX K  
SMALL DIVERSE BUSINESS  
LETTER OF INTENT**

**[DATE]**

**[SDB Contact Name]**

**Title {Offeror must prepare a letter for each zone}**

**SDB Company Name**

**Address**

**City, State, Zip]**

Dear **[SDB Contact Name]**:

This letter serves as confirmation of the intent of **[Offeror]** to utilize **[Small Diverse Business (SDB)]** on RFP **[RFP number and Title]** issued by the **[Commonwealth agency name]** for the XXX HealthChoices Zone.

If **[Offeror]** enters into an Agreement with the Department of Human Services, **[SDB]** shall provide **[identify the specific work, goods or services the SDB will perform, and the specific timeframe during the term of the contract and any option/renewal periods when the work, goods or services will be performed or provided]**.

These services represent **a percentage of the Per-Member-Per-Month (PMPM) commitment** for XXX Zone for the initial term of the Agreement.

**[SDB]** represents that it meets the small diverse business requirements set forth in the RFP and all required documentation has been provided to **[Offeror]** for its SDB submission.

We look forward to the opportunity to serve the **[Commonwealth agency name]** on this project. If you have any questions concerning our small diverse business commitment, please feel free to contact me at the number below.

Sincerely,

Acknowledged,

**Offeror Name**

**Title**

**Company**

**Phone number**

**SDB Name**

**Title**

**Company**

**Phone number**