

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 Community 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