

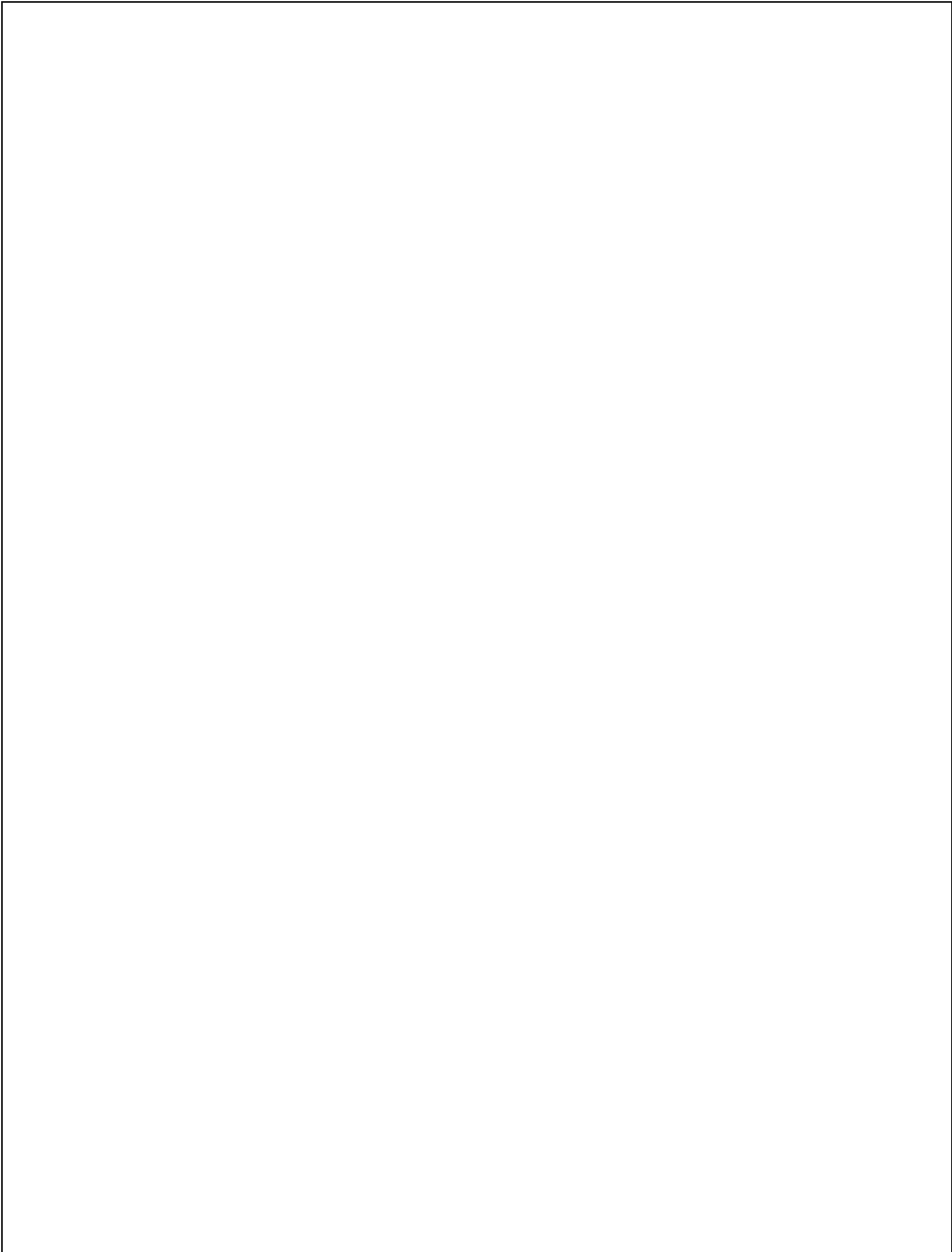
1. BIDDER INFORMATION

Indicate FSP Population Interested in	Child and Youth TAY	Adult Older Adult	First Episode Psychosis Forensic Chronically Homeless
Bidder Organization Name			
Bidder Organization's Headquarter Address			
City/State/Zip			
Name of Executive Director or Equivalent	Title		
Phone	Email		
Name of Contact Person	Title		
Phone	Email		
Response Date			

2. REQUEST FOR INTEREST RESPONSE

Submit in writing your feedback on the following:

- a. Program Changes**
 - i. Program Model**
 - ii. Flexible Funds**
 - iii. Centralized Housing**
 - iv. Cost Reimbursement**
 - v. Results Based Accountability Performance Measures**



Submit in writing your feedback on the following:

b. Length of Stay Limits

Submit in writing your feedback on the following:

c. Criteria for discharging clients or stepping down to lower levels of care and any barriers to facilitate transition