

## RFP Mailing List Information Form

Dear Potential Provider:

If you would like to receive RFP information, please complete this form and return it to our office. Please limit contact information to **one or two persons** in your agency. Also, select which future RFP notifications you would like to receive.

You must return this form to our office by U.S. Mail at the address listed above, fax, or by email to:

[dssrfp@fcdjfs.franklincountyohio.gov](mailto:dssrfp@fcdjfs.franklincountyohio.gov)

Subject: Mailing List Update

Or by FAX

(614) 233-2092

Attn: DSS - Mailing List

**PLEASE PRINT ALL REQUIRED INFORMATION**

Contact #1 Name	Contact #2 Name
Title	Title
Agency Name	Agency Name
Address	Address
City/ST/Zip	City/ST/Zip
Phone	Phone
FAX	FAX
Email Address	Email Address

**RFP Notifications**

<input type="checkbox"/> Disability Determination <input type="checkbox"/> Family Stability <input type="checkbox"/> Interpretation/Translation	<input type="checkbox"/> Quality Block Grant - Child Care Training <input type="checkbox"/> Refugee Social Services <input type="checkbox"/> Senior/Disabled Services	<input type="checkbox"/> Workforce Development <input type="checkbox"/> Youth - Summer/ After School <input type="checkbox"/> Please remove from List
Signature		<b>FCDJFS USE ONLY</b> Date Received: _____ Initials: _____