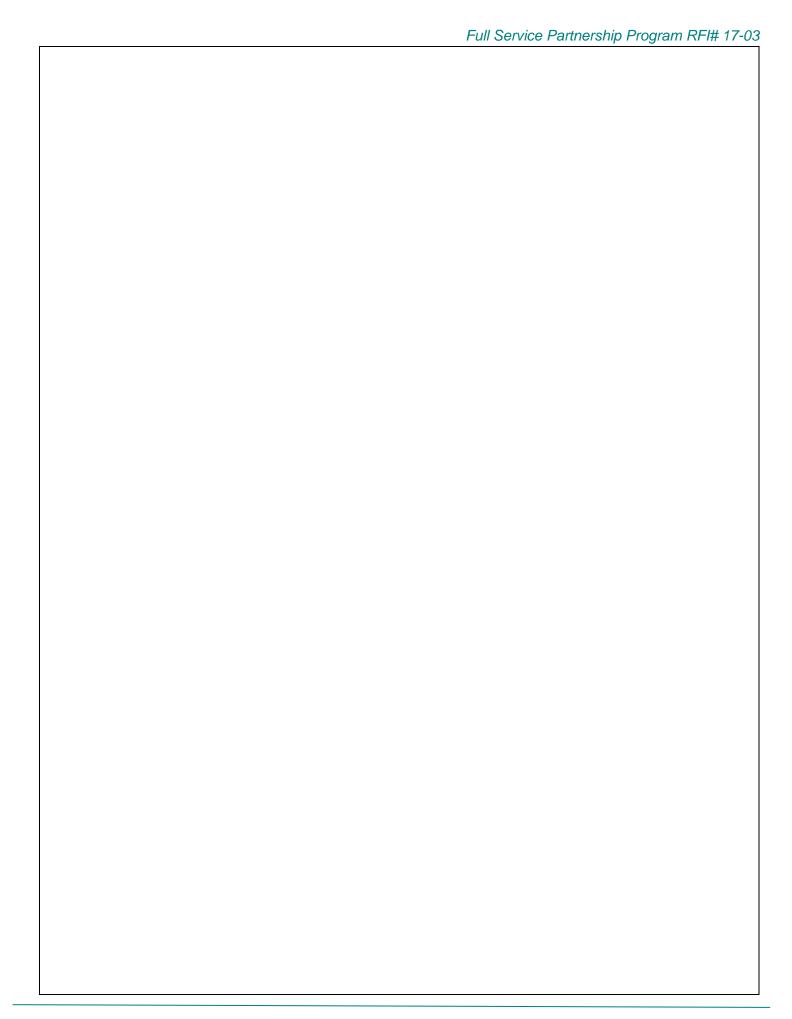## 1. BIDDER INFORMATION

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**

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**