

**Appendix C**  
**Offeror's Intent to Bid**

## OFFEROR'S INTENT TO BID

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RELEASE DATE:

LETTER OF INTENT DUE:

DATE BIDS DUE:

PROJECT: Workers' Compensation System Business Process Reengineering (BPR) Project

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(Offeror Name)

(Offeror Address)

(Offeror's Contact Person Name, Title, Telephone Number, email address)

Confirms receipt of the Workers Compensation Board's Request for Proposal (RFP) for the Workers' Compensation System Business Process Reengineering (BPR) Project.

With regard to this solicitation (check one of the following:)

We ARE INTERESTED & MAY submit a bid response

We ARE NOT INTERESTED & WILL NOT submit a bid response because:

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*Authorized Representative Name*

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*Title*

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*Signature of Authorized Representative*

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*Date*



