

# Appendix A1

## Letter of Intent Template

**Letters of Intent must be electronically submitted on letterhead by 11:59 p.m. Central Time on Friday, July 31, 2026.** Letters must be submitted on letterhead via email to Jackie Sias, Manager of Care Delivery and Payment Reform, at [Jackie.Sias@state.mn.us](mailto:Jackie.Sias@state.mn.us), cc [IHP.Admin.DHS@state.mn.us](mailto:IHP.Admin.DHS@state.mn.us). The Letter of Intent does not obligate the STATE to enter into negotiations with the Responder, and does not serve as a substitute for the proposal. The Letter of Intent does not obligate the applicant to complete the proposal process. Responders that do not electronically submit a Letter of Intent by 11:59 p.m. Central Time on Friday, July 31, 2026, will not be considered for the IHP program in 2027. **Faxed, Mailed, or Hand Delivered Letters of Intent will not be accepted.**

<INSERT IHP LOGO>

<Month DD, YYYY>

<IHP NAME>

<Responder Name>

<Responder Address (inc. street, city, state, and zip code)>

### I. Applicant Information

#### A. Organization Name and Contact Information

“Doing Business As” (If Applicable)	
Organization Type	
Organization Taxpayer Identification Number (TIN)/Employer Identification Number (EIN)	
Street Address (Not PO Box)	
City, State, Zip Code	
Website (If Applicable)	

#### B. Primary Contact

First and Last Name	
Title/Position	
Email Address	
Direct Phone Number	

#### C. Secondary Contact

First and Last Name	
Title/Position	
Email Address	
Direct Phone Number	



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- C. Please confirm which track, Track 1 or Track 2, the applicant intends to participate in as an IHP starting in 2027.
- Track 1  
 Track 2
- D. Please provide a brief narrative explanation of why the Applicant IHP would like to participate in the IHP program.