## **ATTACHMENT B**

## LETTER OF INTENT TO SUBMIT A PROPOSAL REQUEST FOR PROPOSALS (RFP) EVENT # 3295 Camera System Network Upgrade Information Technology Services

| l,                          | the undersigned being a duly authorized official of |           |                  |           |      |       |        |
|-----------------------------|---|-----------|------------------|-----------|------|-------|--------|
|                             |   | hereby    | acknowledges     | receipt   | of   | the   | above  |
| referenced RFP offering and | certify the intent of                               | this firn | n to submit a Pr | oposal in | res  | ponse | to the |
| Request.                    |   |           |                  |           |      |       |        |
| **********                  | *******   | ******    | *******          | ******    | **   |       |        |
| PLEASE EXECUTE AND SUBM     | IIT THIS FORM THE S                                 | SUPPLIE   | R PORTAL AT      |           |      |       |        |
| HTTPS://SUPPLIER.THECHA.C   | ORG. NO LATER THA                                   | N Monda   | y, September 29, | 2025, BY  | 1:00 | PM,   |        |
| CDT.                        |   |           |                  |           |      |       |        |
| **********                  | *******   | ******    | *******          | ******    | **   |       |        |
| FIRM'S NAME:                |   |           |                  |           |      |       |        |
|                             |   |           |                  |           |      |       |        |
| ADDRESS:                    |   |           |                  |           |      |       |        |
|                             |   |           |                  |           |      |       |        |
| CITY:                       | STATE:  |           | _ZIPCODE:        |           |      | _     |        |
| TELEPHONE:                  | WEBSITE:  |           |                  |           |      |       |        |
| PRINCIPAL CONTACT:          |   | TITLE:    |                  |           |      |       |        |
| SIGNATURE:                  | DATE:   |           |                  |           |      |       |        |
| DIRECT PHONE:               | EMAIL:  |           |                  |           |      |       |        |

28 Chicago Housing Authority