**ATTACHMENT B**

INTENT TO APPLY

(New Activities Only)

Orange County Partnership for Young Children

FY 2019-20

Request for Proposals

Legal Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please specify which category the New Activity your agency is applying falls into (1-Early Engagement: Quality Programs for Infants and Toddlers; 2- Early Language and Literacy: Building Pathways for Success in Schools; and 3-Growing Up Healthy).

[ ]  Early Engagement [ ]  Early Language and Literacy [ ]  Growing Up Healthy

If your agency is applying for more than one new activity, please submit an Intent to Apply form for each one.

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the programs/or supports your agency anticipates to provide:

List the tools your agency anticipates to measure outcomes:

List the number of staff and FTE’s expected to provide the services proposed:

Total amount requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Contact**:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_