**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_