LETTER OF INTENT FORMAT

(Please copy on applicant agency letterhead)

(Date)

Alyse Devries

North Iowa Children's Alliance Coordinator

CG Public Health

2570 4th Street SW, Suite 1

Mason City, IA, 50401

Letter of Intent

Dear Ms. Devries,

On behalf of (your agency), I would like to express our intent to apply

for the North Iowa Children's Alliance contract year of July 1, 2020

through June 30, 2021.

Silo Funding Category (and sub-category if applicable):

Estimated funding request amount:

Applicant name:

Program Name:

Contact Person:

Mailing Address:

E-mail Address:

Fax Number:

Telephone Number:

Priority Area(s):

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorizing Signature (Name & Title) (Date)