**Voluntary Non-Binding Letter of Intent (LOI)**

Please submit by email to the following email address with the following subject line:

**Email address:** AFLP\_RFA@cdph.ca.gov

**Subject line**: Voluntary Non-Binding Letter of Intent

**Submit by:** December 17, 2019, 4:00 PM

| Required Information | Applicant’s Response |
| --- | --- |
| Applicant Name | *Click here to enter text.* |
| Contact Name/Title | *Click here to enter text.**Click here to enter text.*  |
| Agency Street Address | *Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.* |
| County | *Click here to enter text.* |
| Agency Mailing Address | *Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.* |
| Telephone Number  | *Click here to enter text.*Alternate Telephone Number: *Click here to enter text.* |
| Email Address | *Click here to enter text.*Alternate Email Address: *Click here to enter text.* |

The above organization is intending to submit an application in response to the California Department of Public Health, Maternal, Child and Adolescent Health Adolescent Family Life Program Request for Application. Please note that this is a voluntary, non-binding letter of intent. Failure to submit a letter of intent will not affect the acceptance of any application.