**Appendix A**

# F5_Logo_Green_RGB

# **INTENT TO NEGOTIATE COVER SHEET**

**Quality Improvement & Expanded Access for Children with Special Needs**

|  |
| --- |
| Lead Agency Name:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project Duration:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Lead Applicant Agency Contact Information:**Address:       City/State/Zip:       Contact name and Title:       Phone:             E-mail address:        |
| **Proposed Funded Partner Agencies (list):**          |
|  |
| **Proposed Unfunded Partner Agencies (list):**          |
| **Type of Lead Agency (check one):** [ ] Non-profit 501c(3) [ ] Public sector [ ] Other:       **Key Services Currently Provided**:         |
|   |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROPOSER’S SIGNATURE DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PROPOSER’S NAME PRINTED TITLE** |