**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** |