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# Integrated Systems for Children with Special Needs

#  Letter of Intent: Lead Applicant

Instructions: A letter of intent (LOI) is required by all prospective Lead Agency applicants. LOIs are mandatory but not binding. Applicants may elect to change their service model after the submission of an LOI but prior to submission of a full proposal. Should a service model change, the applicant will still be considered eligible for funding. Conversely, there is no penalty for submitting an LOI and then opting out of submitting a full proposal. Lead applicants may also indicate which additional service strategies they intend to address and whether or not they would consider serving in a partner role if not recommended as the Lead.

LOIs are due no later than Monday, March 16, 2020 by 5:00 p.m.

Please keep your responses contained to this four-page template and have an authorized signatory of your organization sign this Letter of Intent.

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| Contact Information |
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| Lead Agency Name |  |
| Main Contact Name, Title |  |
| Street Address |  |
| City, State, ZIP Code |  |
| Work Phone |  |
| E-Mail Address |  |

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| Lead Agency Qualifications  |
| Please briefly describe how your organization is uniquely qualified to successfully lead the implementation of the Integrated System for Children with Special Needs Initiative in San Mateo County. Please refer to the *Lead and Partner Roles* and *Content and Sequence of Proposal* sections of the ITN for more specification. |
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| Key Initiative Elements |
| Please succinctly note the key elements of the initiative you envision to lead. What is unique about your vison, strategy, and approach to this work? This project description is non-binding and applicants may elect to change their service model prior to submission of a full proposal. |

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| Other Proposed Service Strategies |
| In addition to your proposed role as lead, which other service strategies does your agency intend to provide? Please refer to the *Purpose, Service Strategies, and Areas of Special Interest* section of the ITN doc for more specificity. These selections are also non-binding. Please select ALL that apply: |
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| Advocacy for Policies and Legislation |
| Centralized Access Point and Care CoordinationMultidisciplinary Case ConferencingSystems-Building, Integration, and Improvement |
| Strategic Services to Fill Gaps and Reduce Barriers |
| Provider Capacity BuildingDevelopmental ScreeningsOutreach |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

If not recommended as the Lead Agency, I am still interested in applying as a Partner Agency in the areas listed above: \_\_\_ Yes \_\_\_ No

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| Signature |
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| Name (printed) |  |
| Signature |  |
| Date |  |

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| Letter of Intent Submission |
| Thank you for completing this Letter of Intent: Lead Agency. Please email a scanned copy of your completed Letter of Intent to eroberts@smcgov.org AND mle@smcgov.org no later than **Monday, March 16, 2020 by 5 p.m**. |