**Instructions:**

Complete this Letter of Intent to Apply template.

*Submit the form electronically to* [*home.visiting@dcyf.wa.gov*](http://home.visiting@dcyf.wa.gov) *by 5 p.m. PST May 20, 2022.  
You must submit an LOI if you intend to apply for funds through this funding opportunity; applications will not be accepted if an LOI was not submitted on or by Ma*y 20*, 2022.*

1. **Organization/Program Information**

|  |  |
| --- | --- |
| Organization Name |  |
| Program Model | : |
| Exploration or Startup? *Please select one* |  |

**Program Contact Information**

Grant Writer or Home Visiting Manager Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Prefix |  | First Name |  | Last Name |  | |
| Title |  | | | | | |
| E-mail |  | | | Phone Number (incl. area code) | |  |

**Anticipated Annual Funding Request**

Please note, this is anticipated and may change in your submitted application; **if the proposed budget exceeds $240,000, this application will automatically be disqualified.**

|  |  |
| --- | --- |
| **Anticipated 12-Month Ongoing Budget (7/1/22-6/30/23)\*** *for new/expansion services only (not current budget)* | **$** |

**Anticipated Caseload and Service Populations/Communities**

Please note, this is anticipated and may change in your submitted application.

|  |  |
| --- | --- |
| **Anticipated New Caseload** (# Families to be served in a typical month)\* |  |

|  |  |
| --- | --- |
| **Proposed Tribe(s) to be served** |  |