

F5Y Staff Major Grant Letter of Intent Checklist

Project Name:		
Contact Name and Agency Name:		
F5Y Outcome Area (circle): Improved Systems of Care Improved Family Functioning Improved Child Health Improved Child Development		
Total request to Commission:		
One year OR two year OR three year project (circle)		
CHECKLIST	YES	NO
Attended applicants' conference.		
Arrived on time and is typed and under 3 pages, 12-point font, double-spaced, with one-inch margins.		
Submitted an original (paper clipped) plus eight copies (stapled).		
Included a Brief Description of the Applicant (organization name, address, phone, fax, and e-mail contact info)		
Included a Descriptive Title.		
Included Strategic Plan Result Area(s), Strategies, and Indicators directly from the F5Y strategic plan		
Included a Description of the Project (description and serving entire County or portions of the County-includes service areas)		
Includes Approximate Budget and Duration of the Project, including start and completion date (budget is also double spaced).		
Includes authorized Signature		
Reviewed by Staff <input type="checkbox"/> Jenny Sharkey <input type="checkbox"/> Karen Ewing	Date: Date:	Time: Time: