APPENDIX II

Notice of Intent to Submit a Proposal

for

7/01/2018 – 6/30/2024

Community Care for the Elderly Lead Agency Designation

Date _____

Agency Name _____

Address _____

City, State, Zip _____

Telephone Number _____ Fax Number_____

Email Address _____

Contact Person _____

Contract Person's Telephone Number _____

Counties of Interest _____

AREA AGENCY ON AGING USE ONLY:

DATE RECEIVED: _____

TIME RECEIVED: _____

RECEIVED BY: _____