**APPENDIX II**

**Notice of Intent to Submit Proposal For**

**2020 Older Americans Act Provider Designation**

|  |  |
| --- | --- |
| Date: |  |
| Agency Name: |  |
| Address: |  |
| City, State, Zip: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone Number: |  | Fax Number: |  |

|  |  |
| --- | --- |
| Email Address: |  |
| Contact Person: |  |
| Contact Person’s Telephone Number: |  |
| County of Interest: |  |

***AASWFL USE ONLY:***

|  |  |
| --- | --- |
| *Date Received:* |  |
| *Time Received:* |  |
| *Received By:* |  |