



The deadline for a First 5 county Commission to submit a Letter of Intent (LOI) to apply for CARES Plus Program Round 2 is March 26, 2013 Instructions for completion and submittal of this LOI are included in Form R.1.

**LETTER OF INTENT TO APPLY FOR CARES PLUS PROGRAM ROUND 2
FIRST 5 COUNTY COMMISSIONS**

Lead Agency Name: _____

County: _____

Address: _____

City: _____ Zip Code: _____

Executive Director (or designee):

Name (print or typed)

Signature: _____ Date: _____

Please check one:

_____ Our county commission will submit an application for CARES Plus Program Round 2.

_____ Our county commission will not submit an application for CARES Plus Program Round 2, but will partner with the Local Public Entity in our county.

_____ Our county commission will form a collaborative with one or more other counties.

Names of other counties: _____

Name of the entity that intends to apply as Lead Agency for the collaborative:

Name of Chief Executive Officer of the intended Lead Agency:

A. Required Consortium Partner Signatures
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Local Child Care Planning Council

I affirm that the Local Child Care Planning Council is coordinating with the First 5 County Commission on the CARES Plus Program Round 2 from July 1, 2013-June 30, 2016.

Organization Name:	
Name and Title of Authorized Representative:	
Signature:	

AB 212 Local Initiative

I affirm that the following AB 212 Program(s) is coordinating with the First 5 County Commission on the CARES Plus Program Round 2 from July 1, 2013-June 30, 2016.

Organization or Program Name:	
Name and Title of Authorized Representative:	
Signature:	

Resource and Referral Agency

I affirm that the following Resource and Referral Agency is coordinating with the First 5 County Commission on the CARES Plus Program Round 2 from July 1, 2013-June 30, 2016.

Organization or Program Name:	
Name and Title of Authorized Representative:	
Signature:	

Higher Education Program

I affirm that the following Higher Educational Program is coordinating with the First 5 County Commission on the CARES Plus Program Round 2 from July 1, 2013-June 30, 2016.

Organization or Program Name:	
Name and Title of Authorized Representative:	
Signature:	

B. Signature of Other Consortium Partners, if applicable (COEs, CBOs, etc.)

Please duplicate chart as needed for additional partners.

Organization Name:					
Address:					
City:		State:		Zip Code:	
Name (print):					
Signature:					
Title of Authorized Representative:					
E-mail and phone contact:					
Describe types of services provided:					

Organization Name:					
Address:					
City:		State:		Zip Code:	
Name (print):					
Signature:					
Title of Authorized Representative:					
E-mail and phone contact:					
Describe types of services provided:					