



The deadline for a Local Public Entity to submit a Letter of Intent (LOI) to apply for CARES Plus Program Round 2 is April 3, 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
LOCAL PUBLIC ENTITY**

Lead Agency Name: _____

County: _____

Address: _____

City: _____ Zip Code: _____

Name of Primary Contact: _____

Title of Primary Contact: _____

Chief Executive Officer (or designee/position): _____

Signature of CEO/designee: _____

Date: _____

A. Local Public Entity Supplemental Information

Please attach the following:

- Mission Statement
- Goals and Objectives
- Organizational Chart
- List of any Early Childhood Accreditations
- Narrative including evidence of the LPE's existing capacity to provide early learning workforce services and administrative, fiscal and program oversight.

B. Required Consortium Partner Signatures

NOTE: The First 5 County Commission is a required consortium partner of the LPE as Lead Agency.

I affirm that my First 5 County Commission is coordinating with the Local Public Entity on the CARES Plus Program Round 2 from July 1, 2013–June 30, 2016.

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

Local Child Care Planning Council

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

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

AB212 Local Initiative

I affirm that the following AB212 Program(s) is coordinating with the Local Public Entity 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 Local Public Entity 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 Local Public Entity 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:	

C. 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:					