NOTICE OF INTENT
TO APPLY FOR CCG PROGRAM FUNDS

To: Barbara Marquez, Chief
Office of Community Challenge Grants
Department of Health Services
714 P Street, Room 550
Sacramento, CA 95814

Due Date: March 19, 1999
5:00 p.m.

If transmitting by FAX, send to the OCCG **(916) 657-5345 or (916) 654-5900**

1. Name of Agency: _____

   Name of Contact Person: _____

   Address: _____

   County: _____

   Telephone: _____ FAX: _____

2. Length of time the organization has been in existence (designate one):

   ❏ Non-Profit Corporation-Filing in Process ❏ 1 – 3 Years

   ❏ Less Than One Year ❏ More Than 3 Years

3. Type of Agency: ❏ County Government ❏ City Government

   ❏ Other Public Entity (e.g. School, School District, County Office of Education)

   ❏ Non-Profit Corporation Organized for Non-Sectarian Purposes

4. Target population(s) to be addressed (check all that apply):

   ❏ Pre-sexually Active Adolescents
   ❏ Sexually Active Adolescents
   ❏ Pregnant & Parenting Adolescents
   ❏ Parents and Families
   ❏ Women at Risk for Unwed Motherhood
   ❏ Men at Risk for Absentee Fatherhood
   ❏ Other, specify: _____

5. Projected budget request per year (estimations are acceptable):

   FY 1999/2000: $_____ FY 2000/2001: $_____ FY 2001/2002: $_____ Total: $_____

6. The geographic service area of the proposed project:

   County(s): _____

   City/Locality: _____

7. It is our agency's intent to respond to the Community Challenge Grant Program RFA:

_____ _____
Signature of Authorizing Agency Official Date