

## LETTER OF INTENT TO APPLY

**This is a declaration of *Intent to Apply* for the DHHS Immunization Program RFA.**

<b>Applicant Organization</b>	
<b>Authorized Official Name</b>	
<b>Authorized Official Title</b>	
<b>Street Address</b>	
<b>City, State, Zip Code</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Email</b>	

This organization is proposing to perform subaward activities in the following cities and/or counties:

<b>CITIES AND/OR COUNTIES</b>
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

This organization is proposing to apply for the following subaward amount (best estimation):

\$ \_\_\_\_\_

\_\_\_\_\_

Signature of Authorized Official
Date

Potential applicants must submit this Letter of Intent to Apply by email, as an attachment, to Christine Kutschkau at [christine.kutschkau@nebraska.gov](mailto:christine.kutschkau@nebraska.gov), by July 15, 2016 at 12:00 p.m. CT.