DEPARTMENT OF COMMUNITY SERVICES & DEVELOPMENT

NOTICE OF INTENT
TO SUBMIT APPLICATION
For the designation of an eligible entity to serve
Lake County

Date: _____

Organization Name (full name): _____

_____

Address: _____

City: _____ Zip Code _____

Telephone: _____
Email: _____

Designated person to sign application (executive director or board chair):

_____ _____
Print name and title Signature

Please submit no later than May 23, 2011 by 4:00 p.m.
Mail to: Leslie Taylor, Project Manager
P.O. Box 1947
Sacramento, CA 95812-1947 *or*
Email to: lakerfa@csd.ca.gov