**NOTICE OF INTENT TO APPLY FORM**

**[Due October 30, 2017]**

The organization named below intends to submit an application.

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| --- |
| **Applicant Name:** |
| **Consortium Name, if applicable:** |
| **Contact Person:** |
| **Title:** |
| **Address:** |
| **Address of Program Site(s), if different:** |
| **Telephone:** | **Fax:** |
| **E-Mail:** | **Website:** |
|  |
| **Check the applicable box.** |
|  | **Type of Organization/Entity** |
|[ ]  Community-Based Organization |
|[ ]  Faith-Based Organization |
|[ ]  Institution of Higher Education |
|[ ]  Library |
|[ ]  Local Education Agency (LEA) |
|[ ]  Volunteer Literacy Organization |
|[ ]  Public Housing Authority |
|[ ]  Public or private nonprofit agency that is not described above and has the ability toprovide adult education and literacy activities, workforce preparation and workforce training to eligible individuals |
|[ ]  Partnership between an employer and an entity type described above |
|[ ]  Consortium or coalition composed of two or more organizations described above |
|  |
| **Check the Grant Category the application will address. Check all that apply.** |
| **Grant Category:** |
|[ ]  Comprehensive Services |
|[ ]  Special Focus |
|  |
| **Typed Name of Executive Director of the Applicant’s Organization:** |
| **Signature of Executive Director of Applicant’s Organization:** | **Date:** |