**NOTICE OF INTENT TO APPLY FORM**

**[Due October 30, 2017]**

The organization named below intends to submit an application.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 to  provide 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:** |