# Form 6 - NOTICE OF INTENT TO APPLY FORM

## Due October 31, 2024 – Submit completed form to [grants@wtcsystem.edu](mailto:grants@wtcsystem.edu)

Please note that Eligible providers who do not submit this form will still be eligible to apply for Wisconsin Technical College System (WTCS) Adult Education and Family Literacy Act grant funds.

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** | | |
|  | 1. A local educational agency | | |
|  | 1. A community-based organization or faith-based organization | | |
|  | 1. A volunteer literacy organization | | |
|  | 1. An institution of higher education | | |
|  | 1. A public or private nonprofit agency | | |
|  | 1. A library | | |
|  | 1. A public housing authority | | |
|  | 1. A nonprofit institution that is not described in any organizations (A) through (G) of this section and has the ability to provide adult education and literacy activities to eligible individuals | | |
|  | 1. A consortium or coalition of the agencies, organizations, institutions, libraries, or authorities described in any organizations (A) through (H) of this section | | |
|  | 1. A partnership between an employer and an entity described in any organizations (A) through (I) of this section | | |
|  | 1. Other | | |
|  | | | |
| **Check the Grant Category the application will address. Check all that apply.** | | | |
| **Grant Category:** | | | |
|  | Adult Education and Literacy Activities Section 231 | | |
|  | Integrated English Literacy and Civics Education Section 243 | | |
|  | Programs for Corrections Education and Other Institutionalized Individuals Section 225 | | |
|  | | | |
| **Typed Name of Executive Director of the Applicant’s Organization:** | | | |
| **Signature of Executive Director of Applicant’s Organization:** | | | **Date:** |