**LETTER OF INTENT TO SUBMIT APPLICATION**

Bureau of Behavioral Health Wellness and Prevention

Attention: Marco Erickson, Prevention Supervisor

4126 Technology Way, Second Floor

Carson City, Nevada  89706

|  |  |  |  |  |  |  |  |  |  |  |
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|  | **Indicate with an X the category(ies) of funding the applicant is planning to apply for.**  \_\_\_\_\_\_\_ Substance Abuse Block Grant – Primary Prevention: SABG-PX  ­­­­­­­\_\_\_\_\_\_\_ State General fund – substance Abuse Primary Prevention: SAPP  \_\_\_\_\_\_\_ Strategic Prevention Framework Partnerships for Success: PFS | | | | | | | | | |
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| Agency Name: | | |  | | | | | | | |
| Program Name: | | |  | | | | | | | |
| Director: | | |  | Contact Person: | | | | |  | |
| Address: | | |  | | | | | | | |
| City: | | |  | | | Zip: | |  | | |
| Phone: | | |  | | | Fax: | |  | | |
| Email: | | |  | | |  | |  | | |
| URL: | | |  | | |  | |  | | |
| DUNS: | | |  | | |  | |  | | |
| EIN: | | |  | | |  | |  | | |
| Vendor Number: | | |  | | |  | |  | | |
| SAM Expiration: | | |  | | |  | |  | | |
| CAGE Code | | |  | | |  | |  | | |
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