**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 |
|   |  |  |   |
| 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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