

APPENDIX II

Notice of Intent to Submit a Proposal

for

2024-2025

Community Care for the Elderly Lead Agency Designation

Date _____

Agency Name _____

Address _____

City, State, Zip _____

Telephone Number _____ Fax Number _____

Email Address _____

Contact Person _____

Contact Person's Telephone Number _____

Counties of Interest _____

NORTHWEST FLORIDA AREA AGENCY ON AGING USE ONLY:

DATE RECEIVED: _____

TIME RECEIVED: _____

RECEIVED BY: _____