COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
CALFRESH HEALTHY LIVING PROGRAM
RFP #2019-008

INTENT TO APPLY FORM

Proposer's/Agency Name:	

Proposers **must** complete and submit Appendix U (Intent to Apply Form) by the due date and time specified in Section 7.2 – RFP Timetable by e-mail transmission (PDF format only) to the County's representative identified below in order for the proposal to be eligible for review. The submission of the form is a Proposer Minimum Mandatory Requirement, as outlined in RFP Section 3.0 (Proposer's Minimum Mandatory Requirements).

Proposer shall be solely responsible for verifying his/her form was received with the County representative below. All verifications **must** be requested via e-mail transmission

Jose C. Garcia
Division of Chronic Disease and Injury Prevention
County of Los Angeles – Department of Public Health
E-mail: cdipcontracts@ph.lacounty.gov

SECTION A: PROPOSAL INFORMATION			
Indicate the funding category *(select only one)*:			
☐	Funding Category 1: Early Childcare & Education	☐	Funding Category 2: K-12 Schools & Afterschool
☐	Funding Category 3: Healthcare Clinics	☐	Funding Category 4: Food Banks & Food Pantries
☐	Funding Category 5: Produce Distribution	☐	Funding Category 6: Nutrition Ed & Physical Activity

SECTION B: PROPOSER'S RFP CONTACT REPRESENTATIVE (Identify the person who will be the County's point of contact in relation to all notifications related to this RFP.)	
Name:	Title:
Email:	Phone #:
Mailing Address:	City, State, Zip Code:

SECTION C: PROPOSER'S AUTHORIZED PERSON AND SIGNATURE (Identify the person authorized to sign on behalf of the Proposer and to bind the applicant in the Contract.)	
Name:	Title:
Email:	Phone #:
Mailing Address:	City, State, Zip Code:
Signature (blue ink):	Date of Signature: