

## APPENDIX L - NOTICE OF INTENT TO SUBMIT AN APPLICATION

Pinellas County Board of County Commissioners \_\_\_\_\_ (Applicant Name) wishes to inform the Florida Department of Children and Families of its intent to respond to the solicitation entitled "Criminal Justice Mental Health and Substance Abuse Reinvestment Grant," DCF RFA 2324 011

PLEASE PRINT OR TYPE REQUESTED INFORMATION

Name of Authorized Official:	Karen Yatchum
Title of Authorized Official:	Department Director, Human Services
Signature of Authorized Official:	
Date:	
Address:	440 Court Street, 2nd fl.
City, State, Zip:	Clearwater, FL 33756
Telephone No:	(727) 464-5045
Website:	www.pinellas.gov
E-mail Address:	kyatchum@pinellas.gov

Type of Grant Applying for:     Planning  
      Implementation or Expansion Grant