

APPENDIX L - NOTICE OF INTENT TO SUBMIT AN APPLICATION

Operation PAR, Inc. _____ (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" RFA03H17GN2.

PLEASE PRINT OR TYPE REQUESTED INFORMATION

Name of Authorized Official:	Dianne Clarke, Ph.D., CAP
Title of Authorized Official:	President, Chief Operating Officer
Signature of Authorized Official:	<i>Dianne Clarke, Ph.D., CAP</i>
Date:	March 30, 2017
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