**ATTACHMENT A**

**NOTICE OF INTENT TO APPLY FORM**

**The organization named below intends to submit an application for program year 2017-18.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Agency Name:** |  | | |
| **Partnership, Consortium or Coalition Member Agency Name, if applicable:** | | |  |
| **Contact Person:** |  | | |
| **Title:** |  | | |
| **Address:** |  | | |
| **Address of Program Site(s), if different:** |  | | |
| **Telephone:** | **Fax:** | | |
| **E-Mail:** | **Website:** | | |
| **Check the applicable box.**   |  |  | | --- | --- | | **🗹** | **Type of Organization/Entity** | |  | Local Education Agency (LEA) | |  | Community-Based Organization | |  | Faith-Based Organization | |  | Volunteer Literacy Organization | |  | Institution of Higher Education | |  | Library | |  | Public Housing Authority | |  | Public or private nonprofit agency that is not described above and has the ability to provide adult education and literacy activities, workforce preparation and workforce training to eligible individuals | |  | Partnership between an employer and an entity type described above | |  | Consortium or coalition of three or more entity types described above\* | |  |  | |  | ***\*Please note that a consortium or coalition of three or more entity types described above, inclusive of one or more employers, is a mandatory requirement for eligible providers applying for WIC funding.*** | | | | |
| **Check the Program Model(s) the application will address. Check all that apply.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **🗹** | **Program Models** | | | | |  | Integrated Education and Training (Adult Basic Education) | | | | |  | Integrated Education and Training (Adult Secondary Education) | | | | |  | Integrated English Language Acquisition and Training | | | | |  | Integrated English Literacy and Civics Education and Training | | | | |  |  | | | | | **Proposed Level of Funding to be Requested:** | | 🞎 $250,000 - 500,000 | 🞎 $501,000 -750,000 | 🞎 $751,000 - 1,000,000 | | | | |
| **Typed Name of Executive Director of the Applicant Organization:** | | | |
| **Signature of Executive Director of Applicant Organization:** | | **Date:** | |

*The Notice of Intent to Apply Form (Attachment A in the Appendices) for the OSSE Adult Education and Family Literacy Act (AEFLA) and Workforce Investment Council (WIC) Career Pathways Grant must be completed and submitted electronically by* ***Feb. 24, 2017 at 3 p.m****. to OSSE Adult and Family Education at* [*OSSE.AFETA@dc.gov*](mailto:OSSE.AFETA@dc.gov)*. Eligible providers that do not submit the required Notice of Intent to Apply Form will not be eligible to apply for OSSE grant funds. Please indicate “Notice of Intent to Apply” and your agency’s name in the subject line of your email.*