

**NOTICE OF INTENT TO APPLY**  
**EARLY MENTAL HEALTH INITIATIVE**  
**REQUEST FOR APPLICATION**  
**EMHI-2008**

**PLEASE COMPLETE ONE FORM FOR EACH PROPOSED APPLICATION TO BE SUBMITTED**

COUNTY: \_\_\_\_\_

LOCAL EDUCATION AGENCY (Name of District or County Office of Education):

LIST THE SCHOOL SITES PROPOSED FOR THE PROGRAM FUNDED THROUGH EMHI:

☞ If any of the listed school sites are operating an intervention program that is either currently or formerly funded by the Department of Mental Health through either EMHI or PIP, mark an "X" next to the school name.

1. _____	<input type="checkbox"/>	4. _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	5. _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	6. _____	<input type="checkbox"/>
		7. _____	<input type="checkbox"/>

Type of Proposed Application (Check One):

<b>Primary Intervention Program (PIP)</b>	
<b>Other Model</b>	
<b>Other Model and PIP</b>	
<b>Enhanced PIP</b>	
<b>Enhanced Other Model</b>	
<b>Enhanced Other Model and PIP</b>	

Will this application be for: Expansion of Services \_\_\_\_\_ Augmentation of Services \_\_\_\_\_

Did a representative from your district/county office of education attend one of the EMHI-2008 RFA Information Meetings? YES \_\_\_\_\_ NO \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

PLEASE MAIL OR FAX THIS FORM BY **April 24, 2008** TO:

California Department of Mental Health  
 Early Mental Health Initiative  
 1600 9th Street, Room 350  
 Sacramento, CA 95814

**FAX: (916) 654-2739**

If you have any questions, please call (916) 653-7988.