

NOTICE OF INTENT TO APPLY
EARLY MENTAL HEALTH INITIATIVE
REQUEST FOR APPLICATION
EMHI-2009

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):

Primary Intervention Program (PIP)	
Other Model	
Other Model and PIP	
Enhanced PIP	
Enhanced Other Model	
Enhanced Other Model and PIP	

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-2009 RFA Information Meetings? YES _____ NO _____

Contact Person: _____

Email Address: _____

Telephone Number: _____

PLEASE MAIL OR FAX THIS FORM BY **April 28, 2009** TO:

California Department of Mental Health
 Early Mental Health Initiative
 1600 9th Street, Room 150
 Sacramento, CA 95814
FAX: (916) 654-2739

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