

**Intent to Apply:  
Early Intervention Service Provision Data and Access to Early Intervention Services Grants**

*Instructions: Please complete and sign this form and return it to [EI.invoices@dodd.ohio.gov](mailto:EI.invoices@dodd.ohio.gov) by April 15, 2016 if you intend to participate in the Early Intervention Service Provision Data and Access to Early Intervention Services Grant Agreement.*

Administrative Agent Name: \_\_\_\_\_

County Filing on Behalf of: \_\_\_\_\_

Notice Contact:

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Signed By (Please print name and title): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_