



## SAMPLE Letter of Intent to Apply

### STATE INNOVATION MODELS: ROUND 2 OF FUNDING FOR DESIGN AND TEST ASSISTANCE

Please submit a Letter of Intent electronically to [Leah.Nash@cms.hhs.gov](mailto:Leah.Nash@cms.hhs.gov) by June 6, 2014. States may use this sample letter or create their own that provides similar information.

1. Name of State: \_\_\_\_\_
2. State/Governing Agency/Public-Private Partnership Organization: \_\_\_\_\_
3. Contact/Representative Name and Title: \_\_\_\_\_
4. Address: \_\_\_\_\_
5. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
6. E-mail address: \_\_\_\_\_
7. Model (indicate Test or Design): \_\_\_\_\_

Signature: \_\_\_\_\_  
Authorized Organizational Representative

#### FOR NON-STATE APPLICANTS:

***Only if*** an outside organization will be submitting the application (i.e. a non-profit affiliate of the State, or a public-private partnership supported by the Governor's Office), per the Funding Opportunity Announcement the intended applicant ***MUST submit an official request from the Governor along with this Letter of Intent.*** A justification must be included with the request as well as an attestation that the state will actively participate in all activities described in the proposal. Approval of such requests will be at the sole discretion of CMS. Only one application supported by the Governor will be allowed per state.

*This non-binding letter of Intent to Apply must be submitted to CMS by June 6, 2014. Entities which do not submit a Letter of Intent by this deadline **will not be eligible** to apply. Only **one** application supported by the Governor will be allowed **per** state. All approvals are at the sole discretion of CMS.*