Form Approved OMB No. 0920-xxxx Exp. Date xx/xx/xxxx

## Letter of Intent Community Approaches to Chronic Disease Prevention and Control

Prospective applicants are required to submit a letter of intent that includes the following information:

- Program announcement title and number;
- Whether the application will be from a Large City, Urban Area, Tribal Community or a State-Coordinated Small City/ Rural Area, as defined in section III.1. Eligible Applicants;
- The name of the lead/fiduciary agency or organization, the official contact person and that person's telephone number, fax number, mailing and email addresses; and
- The jurisdiction's population size and each risk factor area (tobacco and/or obesity/ physical activity/ nutrition) for which the applicant intends to apply.

## Format:

The LOI should be no more than two pages (8.5 x 11), double-spaced, printed on one side, with one-inch margins, written in English (avoiding jargon), and unreduced 12-point font.

Public reporting of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)