

CMS BACKGROUND CHECK PILOT PROGRAM

Notice of Intent to Apply

Please complete and return (submission by facsimile preferred) by August 30, 2004, to:

Amber Wolfe
Centers for Medicare & Medicaid Services
CMSO/SCG/DACS, Mail Stop: S2-12-25
7500 Security Boulevard, Baltimore, MD 21244-1850
Phone: 410-786-6773; Fax: 410-786-0194

1. Name of State: _____
2. Applicant agency: _____
3. Contact name and title: _____
4. Address: _____
5. Contact numbers: **Phone:** _____ **Fax:** _____
6. E-mail address: _____
7. Expected amount of request: \$ _____

Please submit any questions that you would like to have answered by CMS before you submit your formal grant application by e-mail to: Amber Wolfe, 410-786-6773, BackgroundChecks@cms.hhs.gov

* It is not mandatory for an applicant to submit a Notice of Intent to Apply; such submissions help us plan our review panels. Submission of a Notice of Intent to Apply does not bind the applicant to apply nor will it cause a proposal to be reviewed more favorably.