

**LOCAL IMPLEMENTATION OF THE WISCONSIN NUTRITION AND
PHYSICAL ACTIVITY STATE PLAN**

RFPG#002

8.1 NOTICE OF INTENT

Please submit the NOTICE OF INTENT to submit a proposal for this grant opportunity by **4:00 pm on June 11, 2010**. You are not obligated to submit a proposal if you submit this notice of intent. The information in the notice of intent will be used by the Nutrition, Physical Activity and Obesity Program to identify the evaluation committee.

1. TYPE OF PROPOSAL (check one)

- PLANNING LEVEL
 IMPLEMENTATION LEVEL

2. NAME OF PROPOSAL _____

3. PRIMARY CONTACT

APPLICANT INFORMATION

ORGANIZATION/COALITION: _____

PRIMARY CONTACT PERSON: _____

ORGANIZATION AFFILIATION: _____

ADDRESS: _____

CITY: _____

STATE: WI

ZIP: _____

PHONE: _____

FAX: _____

E-MAIL ADDRESS: _____

WEBSITE: _____

Submit to Mary Pesik, Nutrition, Physical Activity and Obesity Program Coordinator by one of the following methods:

1. E-mail to mary.pesik@wisconsin.gov
2. Fax to 608-266-3125
3. Mail to the address listed below

Mary Pesik
Nutrition, Physical Activity and Obesity Program
1 West Wilson Street
PO Box 2659
Madison, WI 53701-2659