OUR KIDS

${\bf A}\ {\bf Collaborative}\ {\bf Initiative}\ {\bf by}\ {\bf the}\ {\bf Alabama}\ {\bf Departments}\ {\bf of}\ {\bf Human}\ {\bf Resources},$

Mental Health, and Youth Services.

LETTER OF INTENT

Deadline: March 29, 2024

Date of LOI Submissi	ion:
То:	Monica Roland Proposal Development Administrator University of Alabama/Department of Youth Services Monica.rowland@dys.alabama.gov
RE:	2024 OUR KIDS Initiative Application
(proposer) intends to We understand that the for OUR KIDS Initiated program for OUR KID agreement, and the LO 2024 application substitute that the sufficient notice	OUR KIDS Collaboration Committee thatsubmit an application for OUR KIDS grant services in our area. This Letter of Intent (LOI) is required to be eligible to submit an application raive funding. This LOI does not guarantee funding will be awarded to our DS Initiative services. Additionally, we understand that this is not a binding OI or responses herein, may be rescinded at any time before the May 17, mission deadline. We will provide the OUR KIDS Collaboration Committee should we decide not to compete for this funding opportunity. The intended program, please respond to the following:
• Name of prop	osed program:
least two of the placement situ	gram intends to serve children and/or teenagers who are involved with at the collaborative agencies and are at risk of disrupting their current lation. Additionally, the proposed program intends to serve children and/or of fall into one of the following categories/targeted populations:
	Teenagers with CHINS charges who are involved with multiple agencies (involved with the initiative) and are at risk of disrupting the current living situation

Children or teenagers dually diagnosed with co-oc combination of at least 2 listed below are present of home placement or court involvement (please of be served with proposed program):	in the youth being at risk of out
 Serious Emotional Disturbance Intellectual/Developmental Disab Substance Use Disorder Autism Spectrum Disorder 	oility (mild)
Children or teenagers in transitional situations d	lue to one of the following:
 Over the age of 18 and under the Reintegration into the community Hospitalization, Multi-Needs, or 	from Therapeutic Foster Care
Children/Youth at risk of out of home placement problems or difficulty functioning in the commu	
Children/Youth at risk of removal from a less into to a more restrictive out of home placement.	ensive out of home placement
Children/Youth with low cognitive functioning at	risk of out of home placement.
Signature of Authorized Program Representative	Telephone Number(s)
Printed Name & Title of Authorized Program Representative	Email Address