California Department of Public Health

CalFresh Healthy Living (CFHL) Funding Application

Federal Fiscal Years 2024 – 2026 (October 1, 2023 – September 30, 2026)

Submit this form by 4:00 pm December 30, 2022 to:

Email: neopbfiscalrequest@cdph.ca.gov
Attn: Ashley Nubla
CDPH CalFresh Healthy Living

Please include your county/agency name and "Letter of Intent" in the subject line of your email.

Please complete the fields below for your Agency:

Project Representative:

Title:

Agency:

Address:

Telephone:

Email:

Please check the appropriate box that applies to your Agency:

	Question	Check Box
1.	Our Agency intends to participate in the CFHL program for FFY24-26	☐
2.	Our Agency intends to participate in the CFHL program for FFY24-26 and designate the following agency to participate on our behalf:	☐
3.	Our Agency does not intend to participate in the CFHL program for FFY24-26	☐
4.	Other, please explain:	☐

Please check the appropriate box(es) that applies to your funding allocation. Check/complete only one box for each row.

	FFY	FFY 2023 Allocation	FFY 2024 Allocation	Other amount between FFY 23 and 24 allocations (specify amount below)
1.	For FFY 2024, our Agency accepts and intends to use the following award selection	☐	☐	
2.	For FFY 2025, our Agency accepts and intends to use the following award selection	☐	☐	
3.	For FFY 2026, our Agency accepts and intends to use the following award selection	☐	☐	

NOTE: Funding allocations are projections and are contingent upon the funding amount CDPH receives each year. Local health departments or their designee are expected to spend 90 percent of their funding allocation each year.

Please complete the fields below in order to expedite processing of your State agreement:

	Question	Answer
1.	Does your Agency require a board resolution for a new contract?	
2.	When are your scheduled board meeting dates between February and September 2023?	
3.	Does your Agency require the contract be in hand to get on the Agenda?	
4.	When do you need the contract? (i.e., two weeks before, one month before, etc.)	

By signing below, your Agency agrees to prepare the required contract documents for this funding application.

Signature of Project Director or Designee **Date**

Printed Name: