

## Nursing Grant Award FY 2024-2025 – Letter of Intent

### APPENDIX B – Letter of Intent to participate in the nursing program with the California Community Colleges Chancellor's Office

I hereby certify that \_\_\_\_\_ within the \_\_\_\_\_  
(College Name) (Community College District)  
intends to participate in the Associate Degree in Nursing (ADN)/ Registered Nurse (RN) program, and if selected for a grant award, will select and commit the required faculty/staff team, and college resources to implement the ADN/RN program offering at our College.

I understand that by submitting this signed Letter of Intent, \_\_\_\_\_ is willing  
(College Name)  
to commit college personnel and resources required and necessary to support and ensure the success and completion of the nursing program scope.

District/College	Signatures
District/College Chief <i>Executive</i> Officer (or authorized Designee) Name, Title	
District/College Chief <i>Instructional</i> Officer (or authorized Designee) Name, Title	