

## 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 (College Name) within the (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, (College Name) is willing 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	