

**Calhoun County Schools  
Supplemental Educational Services  
2009-2010  
Letter of Intent**

Name of Provider: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_

e-mail: \_\_\_\_\_

**Please Check One:**

- Our organization has read Calhoun's Draft Contract and SES Timelines and we intend to offer Supplemental Educational Services to Calhoun District Schools for the 2009-2010 school year.
- Our organization is unable to offer Supplemental Educational Services to Calhoun District Schools for the 2009-2010 school year.

\_\_\_\_\_  
Authorized Provider Contact (Please Print)

\_\_\_\_\_  
Authorized Provider Signature

\_\_\_\_\_  
Date

**Return to Jenny Hill, SES Programs Specialist, at [hill\\_j6@firn.edu](mailto:hill_j6@firn.edu)  
or Special Programs Office, 16651 SE River Street, Blountstown, FL 32424  
Letter of Intent must be received on or before  
July 30, 2009 by 3:00 PM CST.**