

**SAM—STATEWIDE PLANNING**

**EARLY NOTICE OF PLAN PREPARATION**

Plan title: \_\_\_\_\_

\_\_\_\_\_

Name and address of preparing agency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: \_\_\_\_\_

For what state or federal law or regulation is the plan prepared? \_\_\_\_\_

\_\_\_\_\_

What State agencies, boards, or commissions are required to approve plan? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When do you anticipate submitting plan for their approval? \_\_\_\_\_

\_\_\_\_\_

If plan is prepared for federal funds, when do you anticipate submitting the plan to the federal agency for its approval? \_\_\_\_\_

\_\_\_\_\_

By what date must the plan be finalized with the federal agency? \_\_\_\_\_

On what date do you anticipate submitting drafts of plan to OPR for review and comment procedure? \_\_\_\_\_

\_\_\_\_\_

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(Cont. 1)

Please list any related programs and departments which should be involved in assisting in the preparation of the plan.

**PROGRAM**

**DEPARTMENT**

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