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| EDD Use Only |
| Proposal No. |  |  |
| [ ] Local Area | [ ] Non-Local Area |  |

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| EQUITY AND SPECIAL POPULATIONS |
| Requested Funding $       | Cash and/or in-kind contributions amount (if applicable) $       |
| Total Project Amount $       |
| Organization (applicant) Name |       |
| Address |       |
| City & Zip Code |       |
| County |       |
| Designated Contact Person  |       |
| Title |       | Email |       |
| Telephone |       | Fax |       |
| Authorized Signatory  |       |
| Title |       | Email |       |
| Telephone |       | Fax |       |
| Type of Organization  | [ ]  Private For-Profit  | [ ]  Governmental Agency | [ ]  Private Non-Profit |
| (Check One) | [ ]  Education Agency | [ ]  Other (Describe)       |
| IRS Tax ID Number |       | California Tax ID Number       | Unique Entity Identifier      |
| **Proposal Title** |  |
| **Approval of Authorized Representative** (Submit two original signature copies) |
| Name:       | Signature  | Date |