|  |  |
| --- | --- |
| EDD Use Only | |
| Proposal No. |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Amount of Funding Requested** | | | | | | | | | | | | $ | | | |
| Amount of non-federal cash and/or in-kind match | | | | | | | | | | | | $ | | | |
| **Organization (applicant) Name** | | | | | | |  | | | | | | | | |
| Address | | | | | | |  | | | | | | | | |
| City and Zip Code | | | | | | |  | | | | | | | | |
| County | | | | | | |  | | | | | | | | |
| Designated Contact Person and Title | | | | | | |  | | | | | | | | |
| Telephone |  | | | | Fax |  | | | | | Email | |  | | |
| Type of Organization | | | Public Agency | | | | | Private Non-Profit | | | | | | Other (Describe) | |
| IRS Tax ID Number | | | |  | | | | | California Tax ID Number | | | | | |  |
| Proposal Title | |  | | | | | | | | | | | | | |
| Proposal Summary (in 100 words or less): | | | | | | | | | | | | | | | |
| **Approval of Authorized Representative** (Submit two original signature copies) | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | Title: | | | | | |
| Signature: | | | | | | | | | | Date: | | | | | |