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| EDD Use Only |
| Proposal No. |  |

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| **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: |