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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 |