



Community Outreach Contribution and Support

Maximum Support \$750.00

Application Form

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|---|--|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|----------------------------------|------------------------------------|--------------------------------|-----------------------------------|---------------------------------|---------------------------------|-----------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|--|
| <p style="text-align: center;"><i>Please Check One</i></p> <p><input type="checkbox"/> Non-Profit Community Based Organization</p> <p><input type="checkbox"/> Community Group (Grass Roots)</p> <p><input type="checkbox"/> Other: _____</p> <p><small>Not Available For-Profit Agencies//Individuals</small></p> | <p style="text-align: center;"><i>Please Check One</i></p> <p><input type="checkbox"/> Improved Child Health <input type="checkbox"/> Improved Family Functioning</p> <p><input type="checkbox"/> Improved Child Development <input type="checkbox"/> Improved Systems</p> | | | | | | | | | | | | | | | |
| <p><i>Check All That Apply</i></p> | | | | | | | | | | | | | | | | |
| <p>Project/Activity Service Area</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><input type="checkbox"/> County-wide</td> <td style="width: 20%;"><input type="checkbox"/> El Centro</td> <td style="width: 20%;"><input type="checkbox"/> Westmorland</td> <td style="width: 20%;"><input type="checkbox"/> Winterhaven</td> <td style="width: 20%;"><input type="checkbox"/> Brawley</td> </tr> <tr> <td><input type="checkbox"/> Holtville</td> <td><input type="checkbox"/> Heber</td> <td><input type="checkbox"/> Calexico</td> <td><input type="checkbox"/> Niland</td> <td><input type="checkbox"/> Seeley</td> </tr> <tr> <td><input type="checkbox"/> Imperial</td> <td><input type="checkbox"/> Ocotillo</td> <td><input type="checkbox"/> Calipatria</td> <td><input type="checkbox"/> Salton City</td> <td></td> </tr> </table> | | <input type="checkbox"/> County-wide | <input type="checkbox"/> El Centro | <input type="checkbox"/> Westmorland | <input type="checkbox"/> Winterhaven | <input type="checkbox"/> Brawley | <input type="checkbox"/> Holtville | <input type="checkbox"/> Heber | <input type="checkbox"/> Calexico | <input type="checkbox"/> Niland | <input type="checkbox"/> Seeley | <input type="checkbox"/> Imperial | <input type="checkbox"/> Ocotillo | <input type="checkbox"/> Calipatria | <input type="checkbox"/> Salton City | |
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| <input type="checkbox"/> Imperial | <input type="checkbox"/> Ocotillo | <input type="checkbox"/> Calipatria | <input type="checkbox"/> Salton City | | | | | | | | | | | | | |

Agency Name: _____

Project/Activity: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Fiscal Agent: _____

Federal Tax Identification Number: _____

Project Contact Name: _____ Title: _____

Target audience to be served by this project/activity
 # of children ages 0-5: _____ # of parents with children ages 0-5: _____

Amount Requested: _____ Total Cost to Realize Activity: _____
Maximum Support \$750.00

Summary of Project/Activity *(Please summarize in 50 words or less):*

Name of Authorized Representative: _____ Title: _____

Signature: _____ Date: _____

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3. What agencies/individuals will be involved in the project/activity, and what are their responsibilities?

4. What will be used to determine if your project is successful? How are children 0-5 years of age and their families going to benefit from this project/activity?