

COVER PAGE

<i>Please Check One</i>	<i>Please Check One</i>
<input type="checkbox"/> Non-Profit Community Based Organization <input type="checkbox"/> Public Agency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Improved Child Health <input type="checkbox"/> Improved Child Development <input type="checkbox"/> Improved Family Functioning
Project/Activity Service Area <i>(Check All that Apply)</i>	
<input type="checkbox"/> County-wide <input type="checkbox"/> Calipatria <input type="checkbox"/> Holtville <input type="checkbox"/> Ocotillo <input type="checkbox"/> Westmorland <input type="checkbox"/> Brawley <input type="checkbox"/> El Centro <input type="checkbox"/> Imperial <input type="checkbox"/> Salton City <input type="checkbox"/> Winterhaven <input type="checkbox"/> Calexico <input type="checkbox"/> Heber <input type="checkbox"/> Niland <input type="checkbox"/> Seeley	

Agency Name: _____

Project/Activity Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Fiscal Agent: _____ Federal Tax ID Number: _____

Project Contact Name: _____ Title: _____

Name of Agency Authorized Representative: _____

Amount Requested <small>(See Budget Form)</small>	Current Operating Budget	Operating Budget for Prior Year <small>(if agency has been in operation for less than one year, write <i>not applicable</i>)</small>
Target Population <i>(Please check all that apply)</i>	Population Served: <input type="checkbox"/> Children ages 0-5 <input type="checkbox"/> Expectant Parents <input type="checkbox"/> Children 0-5 with special needs <input type="checkbox"/> Childcare <input type="checkbox"/> Medical Staff <input type="checkbox"/> Families with children 0-5 <input type="checkbox"/> Other _____	
	Ethnicity(ies) Served: <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/Anglo <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> More than one ethnicity <input type="checkbox"/> All ethnic groups (none specifically targeted) <input type="checkbox"/> Other (please specify) _____	
# of children 0-5 to be served:	# of parents to be served:	# of providers/caregivers to be served: