

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>																
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> County-wide</td> <td><input type="checkbox"/> Calipatria</td> <td><input type="checkbox"/> Holtville</td> <td><input type="checkbox"/> Ocotillo</td> <td><input type="checkbox"/> Westmorland</td> </tr> <tr> <td><input type="checkbox"/> Brawley</td> <td><input type="checkbox"/> El Centro</td> <td><input type="checkbox"/> Imperial</td> <td><input type="checkbox"/> Salton City</td> <td><input type="checkbox"/> Winterhaven</td> </tr> <tr> <td><input type="checkbox"/> Calexico</td> <td><input type="checkbox"/> Heber</td> <td><input type="checkbox"/> Niland</td> <td><input type="checkbox"/> Seeley</td> <td></td> </tr> </table>		<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	
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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 <small>(Please check all that apply)</small>	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: