

PROPOSAL COVER SHEET

Name of Organization or Individual: _____

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

Primary Contact: _____ Executive Director: _____

Telephone: _____ Fax No.: _____ E-mail: _____

Fiscal Sponsor (if applicable): _____

Descriptive Project Title: _____

Summary of Proposed Project: _____

Type of Business/Agency: (check one)

- Individual Partnership Corporation Limited Liability Company (LLC)

Is the Agency Non-Profit? Yes No If "Yes" describe non-profit status (such as 501(c)3, public entity, etc.): _____

Please indicate the general region(s) which the proposal will address:

- County-wide El Centro Westmorland Winterhaven Brawley
- Holtville Heber Calexico Niland Seeley
- Imperial Ocotillo Calipatria Salton City

Please indicate the strategic Goal(s) that the proposal addresses:

- Goal 1:** Promote parenting and caregiver education services, prenatal and postnatal, to enhance optimal child development and to encourage healthy, stable and economically independent families.
- Goal 2:** Improve the development and school readiness of young children from birth through age five.
- Goal 3:** To develop multi-disciplinary interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.

Amount of Proposal Application Requested: (not to exceed \$250,000)

07/01/17 – 06/30/18 (Year 1) \$ _____ 10% Start-up request \$ _____

Note: No budget is required for Year 2