

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)

07/01/19 – 06/30/20 (Year 1) \$ \_\_\_\_\_ 10% Start-up request \$ \_\_\_\_\_

Note: No budget is required for Year 2