**ATTACHMENT 6**

**Cover Sheet**

**PLEASE RESPOND TO *ALL***

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| --- | --- | --- | --- | --- |
| Name of Proposer |  | | | |
| Mailing address |  | | | |
| Contact person |  | | | |
| Email address |  | | | |
| Phone number |  | | | |
|  |  | | | |
| Action Areas  Identify the **one (1) Action Area**  for which the proposal is being submitted | Economic Access: Building education to employment pathways for  disconnected youth | Parenting and Role Models: Increase outreach to parents through communications, natural support network, and mentors | Social and emotional learning supports through quality OST programs | Ensure Safety and Justice by providing alternatives to crime and gangs |
| Program title |  | | | |
| Specific target population, including number to be served |  | | | |
| Geographic area(s) served |  | | | |
| Commission District(s) served |  | | | |
| Program status: (existing or new) |  | | | |
| Program start date (if a new program) |  | | | |
| Total program budget (program’s total budget during the time period for which you are requesting funding, but not more than one (1) year) |  | | | |
| Amount of funding request (how much you are requesting in the proposal) |  | | | |
| Unit cost service description |  | | | |
| Unit cost of service |  | | | |
|  |  | | | |
| **Overview** (three (3) sentence overview of the program – this must be short and concise, and will be used to communicate the purpose of programs and services to the BCC and various publications): | | | | |

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| --- | --- |
| By:  Signature | Printed name |
| Title | Date |