**ATTACHMENT 6**

**Cover Sheet**

**PLEASE RESPOND TO *ALL***

|  |  |
| --- | --- |
| Name of Proposer |  |
| Mailing address |  |
| Contact person |  |
| Email address |  |
| Phone number |  |
|  |  |
| Action AreasIdentify the **one (1) Action Area** for which the proposal is being submitted | [ ] Economic Access: Building education to employment pathways fordisconnected 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): |

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