

REQUIRED COVER SHEET



PALM BEACH COUNTY DEPARTMENT OF COMMUNITY SERVICES FINANCIALLY ASSISTED AGENCIES FY 2025

PLEASE RESPOND TO ALL QUESTIONS LISTED BELOW:

(NOTE: This form is formatted using MS Word, Cambria, and 10pt font)

QUESTIONS:	AGENCY RESPONSES:
NAME OF AGENCY:	
SERVICE CATEGORY (identify the service category for which the proposal is being submitted):	
PROGRAM TITLE:	
PRIORITY POPULATION (include the unduplicated number to be served annually):	
GEOGRAPHIC AREA TO BE SERVED:	
COMMISSION DISTRICT(S) TO BE SERVED:	
PROGRAM STATUS (existing or new program):	
PROGRAM START DATE (if new program):	
TOTAL PROGRAM BUDGET:	\$
AMOUNT OF FUNDING REQUEST (how much you are requesting in the proposal):	\$
UNIT COST SERVICE DESCRIPTION:	
UNIT COST OF SERVICE:	
IDENTIFY IF AGENCY IS CURRENTLY CERTIFIED BY NONPROFITS FIRST: (Yes or No)	
OVERVIEW (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 Board of County Commissioners and various publications):	

SPECIAL NOTICE:

Contracted agencies must comply with the current Health Insurance Portability and Accountability Act (HIPAA). If your agency does not provide services that fall under HIPAA Privacy Rules, please state that in the above overview.