## ATTACHMENT 2

**Cover Sheet Template**

|  |  |
| --- | --- |
| Legal name of agency |  |
| Fictitious Name, (d/b/a), if applicable |  |
| Mailing address |  |
| Contact person |  |
| Contact’s email address |  |
| Contact’s phone number |  |
| Name/Title of person(s) authorized to legally bind agency (sign contract) |  |
| Please check off all service categories agency is applying for |

|  |  |
| --- | --- |
|[ ]  Case Management & General Client Support Services |[ ]  Transitional Job Program |

 |
| Program title(s) |  |
| Specific target population, includingnumber to be served |  |
| Geographic area(s) served |  |
|  County Commission District(s) served |  |
| Program status (existing or new program) |  |
| Program start date (if a new program) |  |
| Total program budget (program’s total budget for one (1) year) |  |
| Amount of funding request from County  |  |
| Names of additional external agencies to be used to coordinate services  |  |
| **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 Board and in various publications): |

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