## ATTACHMENT 2

**Cover Sheet Template**

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| --- | --- |
| 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, including  number 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): | |

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