

ATTACHMENT 2

Cover Sheet

PLEASE RESPOND TO ALL

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)	
Program title	
Specific target population, including number to be served	
Geographic area(s) served	
BCC 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 from Palm Beach County	
<p>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):</p> 	

By: _____ Signature	_____ Printed name
_____ Title	_____ Date