

**CITY OF WEST HOLLYWOOD - SOCIAL SERVICES PROPOSAL 2016-19**  
**COVER PAGE AND STATEMENT OF APPLICANT ELIGIBILITY**

**Agency Name:**

**Program Name:**

**Contact Person:**

**Phone:**

**Fax:**

**E-mail:**

**Address:**

**City:**

**State: California**

**Zip code:**

**Addresses where services will be provided:**

**Grant Request Amount: \$**

**Grant Funds are Requested to:**

- continue a current City-funded program
- expand a current City-funded program
- expand an existing program not funded by the City
- initiate a new program

**Program Goal:**

**Primary Target Population (check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Children or Low Income Youth | <input type="checkbox"/> Transgender Persons              |
| <input type="checkbox"/> Seniors/Older Adults         | <input type="checkbox"/> Persons living with HIV/AIDS     |
| <input type="checkbox"/> Women                        | <input type="checkbox"/> At risk of homelessness          |
| <input type="checkbox"/> Gay Men                      | <input type="checkbox"/> Persons living with Disabilities |
| <input type="checkbox"/> Bisexual Men or Women        | <input type="checkbox"/> Homeless                         |
| <input type="checkbox"/> Women                        | <input type="checkbox"/> Immigrants                       |
|   | <input type="checkbox"/> Other:                           |

**Single Agency Submission**

**Collaborative Proposal Submission**

(List agency name)

is the fiscal agent of the collaborative.

List all collaborators:

**Proposal Summary – In 40 words or less, please provide a concise overview of your proposal.**