

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.