

PROPOSAL COVER SHEET

Name of Organization or Individual: _____

Address: _____ City: _____ State _____ Zip Code: _____

Primary Contact: _____ Executive Director: _____

Telephone: _____ Fax No.: _____ E-mail: _____

Fiscal Sponsor (if applicable): _____

Descriptive Project Title: _____

Summary of Proposed Project: _____

Type of Business/Agency: (check one)

☐ Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Company (LLC)

Is the Agency Non-Profit? ☐ Yes ☐ No If "Yes" describe non-profit status (such as 501(c)3, public entity, etc.): _____

Please indicate the general region(s) which the proposal will address:

☐ County-wide ☐ El Centro ☐ Westmorland ☐ Winterhaven ☐ Brawley
☐ Holtville ☐ Heber ☐ Calexico ☐ Niland ☐ Seeley
☐ Imperial ☐ Ocotillo ☐ Calipatria ☐ Salton City

Please indicate the Result Area(s) that the proposal addresses:

☐ Result Area 1: Strengthening Families
☐ Result Area 2: Early Care and Education of the Child
☐ Result Area 3: Improved Child Health Outcomes

Amount of Proposal Application Requested: (not to exceed \$250,000)

07/01/25 – 06/30/26 (Year 1) \$ _____ 10% Start-up request \$ _____

budget is required for Years 2 or 3.