



-- FOR OFFICE USE ONLY --
Date Received: _____
Log Number: _____
Project Year: 2012 - 2016

Title / Program Description: _____

(Please complete a separate Proposal Cover Sheet for each program application)

PROPOSAL COVER SHEET

APPLICANT: _____

ADDRESS: _____

DIRECTOR _____

CONTACT PERSON AND TITLE _____
(If Different From Above)

TELEPHONE: () _____ FAX: () _____

E-MAIL ADDRESS: _____

CONTRACT PERIOD: July 1, 2012 through June 30, 2013

AGENCY TYPE: _____ PUBLIC/GOVERNMENT _____ PRIVATE, FOR PROFIT
(Check one) _____ PRIVATE, NONPROFIT _____ OTHER (Specify) _____

FEDERAL EMPLOYER I.D. NUMBER: _____

NAME/TITLE OF PROPOSED PROJECT: _____

TYPE OF FUNDING REQUESTED: IIIB _____ IIIC1 _____ IIIC2 _____ IIID _____ IIIE _____

VII(a) _____ HICAP _____

GEOGRAPHIC AREA TO BE SERVED: (Check all that apply)

_____ LASSEN _____ MODOC _____ SHASTA _____ SISKIYOU _____ TRINITY

<p>TOTAL GRANT FUNDS REQUESTED \$ _____</p> <p>TOTAL PROGRAM COST (ALL SOURCES) \$ _____</p>
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THIS PROPOSAL HAS BEEN AUTHORIZED FOR SUBMISSION BY THE GOVERNING BODY OF THE APPLICANT AGENCY AS EVIDENCED BY THE ATTACHED RESOLUTION.

AUTHORIZED SIGNATURE: _____

DATE: _____