## 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, includingnumber 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  |  |
|  |  |
| **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): |

|  |  |
| --- | --- |
| By: Signature | Printed name |
| Title | Date |