# ATTACHMENT A

## COVER LETTER TEMPLATE

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| **Date:** |  |  |
|  |  |  |
| **Applicant:** |  | | **Phone:** |  |
| **Address:** |  | | **Fax:** |  |
|  |  | | **Email:** |  |
|  |  | | **Web:** |  |
| **Project**  **Contact:** |  | | **Title:** |  |
|  |  | |  |  |
| **Amount Being Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (maximum amount $20,000)**  **Minimum Qualifications Required to Submit Proposal:**  Are you legally authorized to do business in the State of California?  Are you a not for profit or tax-exempt organization? Provide documentation to this verify status.  Are you a governmental agency?  Are you a school district or educational institution?  Are you located in San Mateo County and/or serve San Mateo County residents?  Have you actively and normally been engaged in community outreach and/or service provision in San Mateo County for the past 3 years? | | | | |