**Cover Sheet**

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| --- | --- | --- |
| **Date:** |  |  |
|  |  |  |
| **Applicant:** |  | | **Phone:** |  |
| **Address:** |  | | **Fax:** |  |
|  |  | | **Email:** |  |
|  |  | | **Web:** |  |
| **Project**  **Contact:** |  | | **Title:** |  |
|  |  | |  |  |
| **Amount Being Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (maximum amount $5,000)**  **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?  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 for the past 3 years? | | | | |

**Application Form**

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| --- | --- |
| **Qualifications** | |
| Concise summary that describes the agency’s history, mission, programs, and services it provides. Please include length of time in business, and experience with conducting program outreach. | |
|  | |
| **Region(s) Served** | **Populations Served** |
| Please specify the regions within San Mateo County that your organization will conduct program outreach in. (see **Region Map** below) | Please provide a brief description of the communities that your organization reaches. |
| **Region 1**: Daly City, South San Francisco, San  Bruno, Broadmoor, Colma  **Region 2:** Millbrae, Burlingame, San Mateo, Foster  City, Belmont  **Region 3:** Redwood City, North Fair Oaks  **Region 4:** East Palo Alto, Menlo Park, Belle  Haven  **Region 5:** Half Moon Bay, Pescadero, Loma Mar  **Region 6**: Pacifica, El Granada, Montara |  |
| **Staffing** | |
| Describe proposed staff and their roles/responsibilities. Identify the person who will be overseeing the County account. Provide the level of education, background, and experience that this person has. | |
|  | |
| **Outreach Plan** | |
| Detail the planned approach and strategy for conducting an effective outreach campaign for the California Microbusiness COVID-19 Relief Grant Program. Include examples of specific outreach activities where possible. | |
|  | |

**Region MapMap

Description automatically generated**

**Cost Quotation/Budget Template**

|  |  |  |
| --- | --- | --- |
| **Expense** | **Description of Expense** | **Estimated Cost** |
| PERSONNEL | | |
| Director wages |  |  |
| Administrative staff wages |  |  |
| PROFESSIONAL FEES | | |
| Professional fees |  |  |
| PROGRAM AND OPERATING | | |
| Supplies |  |  |
| Media/Advertising |  |  |
| Postage and shipping |  |  |
| Printing and publications |  |  |
| Other expenses not covered above (itemize) |  |  |
| **Total Expenses** | **$0** |  |