



**ADDENDUM "A"**

*Please refer to enclosed instructions.*

Please complete, sign where indicated and mail three originals of this addendum with each of your three signed agreements.

Agency Legal Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Federal Tax ID (EIN): \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_\_) \_\_\_\_\_

Name of CEO or Board President: \_\_\_\_\_

CEO or Board President Email: \_\_\_\_\_

CEO or Board President Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Name/Title of Grant Contact: \_\_\_\_\_

Grant Contact Email: \_\_\_\_\_

Grant Contact Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Please check your Agency's primary focus area:

- Early Childhood Education
- STEAM-focused education (Science, Technology, Engineering, Art, Mathematics)
- Health, wellness or nutrition
- Shelter and housing
- Respite Care and elder services
- Diversity and Cultural Outreach
- Training and career planning and development
- Veteran services

**CEO Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Number of Hollywood residents to be served in Fiscal Year 2023: \_\_\_\_\_

**PLEASE NOTE:** Number must match number listed on application.

Program Description: (please provide in 250 words or less): \_\_\_\_\_

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Program Budget: Using the original budget categories and amount(s) requested in your grant application, please complete the amount awarded column to best serve the agreed on number of Hollywood residents and accomplish your program objectives. Please refer to enclosed instructions for guidance.

Budget Category	Program Cost	Original Amount Requested	Amount Awarded
<b>TOTALS</b>			



Program Objective:

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Program Activities:

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Method for evaluating program success and performance:

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