

ADDENDUM "A"

Please complete and mail this addendum with your three signed agreements. Please **type** all responses and sign where indicated. An electronic version is available upon request by emailing mdellolio@hollywoodfl.org.

Agency Legal Name: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Telephone: _(____)_____ Fax No.: _(____)_____

Name of CEO or Board President: _____

CEO or Board President Email: _____

Name/Title of Grant Contact: _____

Grant Contact Email: _____

CEO Signature: _____

Program Narrative:

Program Name and Description:

Program Budget:

Budget Item	Cost \$	Grant Amount Requested \$	Other Funding Sources/Matching Funds \$
TOTALS =			

Program Objective:

Program Activities:

Method for evaluating program success and performance:

Number of Hollywood residents to be served in Fiscal Year 2015: _____