

ADDENDUM "A"

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

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:

- Art and music
- Education concentrated in the areas of math and science
- Health, wellness and nutrition
- Shelter and housing
- Respite Care and services
- Diversity and Cultural Outreach
- Training and career planning / development
- Veteran services

CEO Signature: _____ **Date:** _____

Program Objective:

Program Activities:

Method for evaluating program success and performance:
