

ADDENDUM "A"

Please refer to enclosed instructions.

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 astanley@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:

- ☐ 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 2019: _____

PLEASE NOTE: Number must match application.

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

Program Budget: Using the original budget categories and amount(s) requested in your grant application, please complete the revised 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 Requested \$	Revised Requested \$
TOTALS			

Program Objective:

Program Activities:

Method for evaluating program success and performance:
