

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

CEO Signature: _____ **Date:** _____

Number of Hollywood residents to be served in Fiscal Year 2016: _____

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

Program Budget: **PLEASE NOTE:** The budget below will designate the maximum annual grant reimbursement for each item listed. Expenditures for items provided to individual grant participants will be reimbursed based on actual number of residents served during the fiscal year.

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

Program Objective:

Program Activities:

Method for evaluating program success and performance:
