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 Na	me:					
Program Name:						
Agency Address:						
City:	State:		Zip:			
Agency Federal T	ax 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 Gra	ant Contact:					
Grant Contact Email:						
Grant Contact Ce	ell 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:				

Number of Hollywood residents to be served in Fiscal Year 2017:(Must provide documentation of non-duplicated residents by address and zipcode) 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 category or item and each request must be accompanied by invoices or receipts from vendor, and copies of canceled checks showing the endorsement of the vendor. Expenditures for items provided to participants (such as T-shirts) will be reimbursed based on actual number of non-duplicated residents served during each quarter.

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

Program Objective:
Program Activities:
Method for evaluating program success and performance: