

Community Development Proposal Partner Supplement

If your project will be carried out in more than one physical location, complete **the Multi-Site Breakdown included in the budget pages detailing line item budgets for each activity and location**. Complete this Partner Supplement for each Partner or Consultant that will be providing direct services as a part of this project and is projected to receive \$5,000 or more in funding. Job Descriptions must be attached for all DCHD funded staff. If the project is funded, all contractual requirements and obligations of the fiscal manager will be passed on to the Partners.

Agency Name			
Agency Address			
Director's Name			
Project Name & Address			
Contact's Name & Phone			
E-Mail Address		E-Mail Address	
How many overall project clients will you serve?		How many overall units of service will you provide?	
How many DCHD clients will you serve?		How many DCHD units of service will you provide?	

Project Summary:

Briefly describe your role in the provision of services for the project.

Budget:

COST COMPONENT	DCHD FUNDING REQUEST	OTHER CASH RESOURCES	IN-KIND	TOTAL PROJECT COST (no In Kind)
Total				

I certify that I am authorized to sign legal documents on behalf of this organization.

I certify that the information contained in this funding application is true and correct.

Signature and Printed Name	Title	Date