**PROPOSAL COVER SHEET**

**Funding Opportunity #2021-06 and name MOHCD SF Bridge Digital Equity Programs RFP FY2021-22\_\_**

**Please check the funding opportunity for which proposal is being submitted**

|  |  |  |
| --- | --- | --- |
| **1.** | **COMMUNITY MEDIA GRANT** |  |
| **2.** | **FEDERAL CARES ACT DIGITAL EQUITY FUNDING** |  |

**Agency Name:**

**Street Address:**

City:

State: Zip Code:

**Main Phone:**

**Project Name:**

**Project Description (one-liner):**

**Project Site Address (if different from above):**

City:

State: Zip Code:

**Executive Director/CEO:**

Name: Phone: Email:

**Chief Financial Officer:**

Name: Phone: Email:

**Chief Operating Officer:**

Name: Phone: Email:

**Primary Project Contact Person** (if different):

Name: Phone: Email:

**Total Proposal Request : $**

**Total FY 21/22 Agency Budget: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I certify that the information provided in this proposal is true.**

\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Executive Director Date