Office of Supervisor Hilda L. Solis Board of Supervisors, First District County of Los Angeles Grant Application

The First District Grant Application is a critical component of our partnership with community organizations. The application provides First District staff the background necessary to better support your project. Please submit a Letter of Intent on organizational letterhead with your application. If you would like assistance in completing the questionnaire, please contact: firstdistrictgrants@bos.lacounty.gov or call (213) 974-4111.

Applicant Information	
Name of Organization:	
Address:	
City:	State: Zip:
Telephone:	Fax:
Website:	
Tax ID Number:	Non-Profit: ☐ Yes ☐ No
Year Organization Formed:	Annual Operating Budget:
Community Served:	Number of Clients per year:
Mission:	
Brief description of the services your organizat	tion provides the community:
Contact Information	
Contact Name:	Contact Title:
Telephone:	F-mail:

Proposal Information Name of Program or Project: Brief Description of Program or Project: Primary City or Neighborhood Served: Expected number of people served: ______ Is this an existing or new program? Existing New Requested Grant Start Date: _____ Expected Program/Project End Date: ____ Requested Amount: Has the organization received grant funds from current/former County Supervisors? ☐ Yes ☐ No Alignment with First District Priority Areas: Public Safety □ Community Development Recreation Education □ Social Services ☐ Health □ Violence Prevention ☐ Justice ☐ Workforce Development & Job Creation ☐ Parks & Green Space Other: **Outcomes and Accountability** How do you define success of the Program or Project? Provide a brief description of how the funds will be used:

Please include any prepared informational material as well as a proposed budget regarding your organization or the project. Submit the Letter of Intent and completed application to: firstdistrictgrants@bos.lacounty.gov. Thank you.