<u>County of Santa Clara</u> <u>Board of Supervisors Budget Inventory Item Cover Sheet</u>

Entity or Individual(s) requestin	g funding:						
Amount of funding requested:							
Type of Entity/Individual(s):	Governmenta Other:	al Entity	Nonprofit	Entity	For-Profit Entity		
<u>Note</u> : Nonprofit and for-profit entities mu	st provide current	Certificate of S	tatus from Secretary o	of State showing	good standing to re	eceive fur	nding.
Does Entity/Individual have a F	iscal Sponsor?	No	Yes (please idea	ntify):			
A Fiscal Sponsor is a nonprofit that is tak <u>Note</u> : Fiscal Sponsors are available <u>only</u> not in good standing with the California	for new initiatives	s or projects the	at have not yet incorp	porated, or for	individuals. Nonpi		
Geographical reach of program	or activities to	be funded:	Countywid	e			
<u>Or</u> specific district(s) (check all that apply): District 1			District 2	District 3	3 District 4 District 5		
Duration of program or activitie			Multi-year?	No	Yes		
Levine Act: The entity/individual will provide required Levine Act disclosures prior				s prior to Boa	•	No	Yes
Further information about the p	proposed fund	ing:				110	105
Expanding access to b Increasing access to be Strengthening commu Enhancing support for Promoting sustainabil Other, Please specify: 2. Is the Entity/Individual a curr No Yes (provide of	ousing nity safety and children and faity	reforming the camilies	nty funding for the		ilar programs/ad	ctivities	9?
3. Does the Entity/Individual hav No Yes (provide d If yes, how would the proposed	ates, type of fu	nding, amou	nts)			the Co	unty?
Would the Entity/Individual be amount requested is not awarde		•	al funding for the Yes (describe		ogram or activiti	es if the	e full
` •	other superviso	orial districts)	1			_	
Does the Entity/Individual affir prohibited purpose, and that it	can comply wi	ith all terms		standard gra			•

Supervisor(s) requesting approval: Amount of funding recommended: