

**COVER FORM**

Please use this form as the COVER for your HPRP Application(s).

**APPLICANT ORGANIZATION:** \_\_\_\_\_

Address: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PROGRAM NAME:** \_\_\_\_\_

Project Address/Location: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PLEASE INDICATE FUNDING SOURCE:** (Please check only one. If your agency is applying for both sources of HPRP funds, two separate applications must be submitted.)

\_\_\_\_\_ City of San José HPRP Funds

\_\_\_\_\_ County of Santa Clara HPRP Funds

**TOTAL FUNDS REQUESTED: \$** \_\_\_\_\_