

**COUNTY OF SANTA CLARA  
AGENCY DESCRIPTION  
FY 2009/2010**

**DATE:** \_\_\_\_\_

**PROJECT #:** \_\_\_\_\_

**CONTRACT AGENCY**

**Name and Address:**

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

**PROJECT**

**Name and Address:**

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

**EXECUTIVE DIRECTOR:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**CONTACT (if other than Director):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**PROJECT DESCRIPTION**

Please specifically describe how these funds will be used and how many beneficiaries will be served during the contract period. Please be consistent with Attachments B – D. Do not describe your Agency’s overall operation; only the component being funded with CDBG funds.