

**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](mailto: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 organization provides the community:

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

**Contact Information**

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-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:

- |  |   |
|--|---|
| <input type="checkbox"/> Arts                  | <input type="checkbox"/> Public Safety                        |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Recreation                           |
| <input type="checkbox"/> Education             | <input type="checkbox"/> Social Services                      |
| <input type="checkbox"/> Health                | <input type="checkbox"/> Violence Prevention                  |
| <input type="checkbox"/> Justice               | <input type="checkbox"/> Workforce Development & Job Creation |
| <input type="checkbox"/> Parks & Green Space   | <input type="checkbox"/> 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](mailto:firstdistrictgrants@bos.lacounty.gov). Thank you.