



ATTACHMENT 2
Application for Funding
for Housing and Disability Advocacy Program
to Butte County Department of Employment and Social Services
RFP #15-24

The undersigned is submitting this application for funding to provide Housing and Disability Advocacy Program services for the Butte County Department of Employment and Social Services, Housing and Homeless.

Agency Name _____

Address _____

Contact Person _____

E-Mail Address _____

Phone Number _____

1. Title of Proposal _____
2. Total Funds Requested (not including any In-Kind Contributions) _____
3. Eligible Use Category/ies _____
4. Outcome Goal/s Addressed _____

Please submit the proposal electronically no later than 5 PM on Thursday, December 7, 2023.

Please submit form to hhsupport@buttecounty.net with subject line Housing and Disability Advocacy Program– Housing and Homeless RFP #15-24.

I understand that Butte County reserves the right to modify the specifics of this application at the time of funding and/or during contract negotiations; and that there is no contract until a written contract has been signed by the Butte County Board of Supervisors and the authorized representative of the applicant.

Signature of authorized representative:

Printed Name _____ Title _____

Signature _____ Date _____