



## Measure X Allocations – Request for Proposals

1. Agency: \_\_\_\_\_

2. Contact Name: \_\_\_\_\_

3. Contact Email: \_\_\_\_\_

4. Proposal title: \_\_\_\_\_

5. Proposal funding type: \_\_\_\_\_

6. Proposed budget: \_\_\_\_\_

7. Populations served: \_\_\_\_\_

8. Regions served:

Countywide

District 2

District 4

District 1

District 3

District 5

9. Proposed timeline: \_\_\_\_\_

10. Proposal summary

11. Expected outcomes and impacts