COVER PAGE
CITY OF WEST HOLLYWOOD
HUMAN SERVICES REQUEST FOR PROPOSAL 2025

Agency Name:

Program Name:

Executive Director:

Email:

Main Address:

City: State: Zip Code:

Contact Person For RFP:

Email:

Service location (if different from above):

City: State: Zip Code:

Requested Funding Amount:

Funding is Being Requested to:

- ☐ Continue a city-funded program
- ☐ Expand a city-funded program
- ☐ Expand a non-City-funded program
- ☐ Start a new program

Priority Population ***(This should align with your proposal)***

- ☐ Asylum Seekers, Immigrants, and Refugees
- ☐ Children, Youth, and Families
- ☐ LBGTQIA+ People
- ☐ Older Adults
- ☐ People Experiencing Homelessness
- ☐ People Facing Financial Hardship
- ☐ People Living with Disability
- ☐ People Living with HIV/AIDS or At Risk of Acquiring HIV
- ☐ People of Color
- ☐ People with Substance Use Disorders
- ☐ Russian-Speaking Community Members
- ☐ Women
- ☐ Other:

Please Provide a Concise Overview of Your Proposal (40 words or less):