**2020-2021 NE Regional HCC Covid-19 Funding Activity Proposal**

**Responsible Agency:**

**Type of Member Agency:**

**Project Manager or P.O.C**.:

**Phone:**  **Email:**

**Is this a multiple agency or system proposal? Yes or NO**

**If Yes, list participating members by name and type:**

**Project Name:**

**Project Dates:**

**BACKGROUND INFORMATION ON PROJECT:**

**Grant Guidance Target Areas:**

**PROPOSED BUDGET:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | Quantity | Unit Cost | Total |
| **Overview of each proposed cost**  |  |  |  |
| **TOTAL Requested:** |  |  |  |