**FORM A: FRC Application Type – ONE COPY ONLY WITH EACH PACKET SUBMISSION**

Please mark the FRC Type for which you will be completing this application. **NOTE**: Each FRC Type will need to have a separate Application Packet.

|  |  |  |
| --- | --- | --- |
| **FRC Type** | **Place an X in the ONE (1) FRC type this application packet is for:** | **Total Amount Requested** (must match total of budget submitted) |
| **Neighborhood Based** | | |
| Bay View |  |  |
|
| Chinatown |  |  |
|
| Excelsior |  |  |
|
| Mission |  |  |
|
| Ocean, Merced, Ingleside (OMI) |  |  |
|
| Portola |  |  |
|
| Potrero Hill |  |  |
|
| Richmond |  |  |
|
| South of Market, including Mission Bay |  |  |
|
| Sunset, including Parkside and Outer Parkside |  |  |
|
| Tenderloin/Mid-Market, including Treasure Island |  |  |
|
| Visitacion Valley |  |  |
|
| Western Addition |  |  |
| **City-Wide Population FRCS** | | |
| Recent Immigrant Families | Enter the specific targeted immigrant group(s) |  |
|
|
| Children Exposed to Violence |  |  |
|
| Homeless |  |  |
|
|
| Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Families, includes parents who are LGBTQ as well as parents of children 0-17 who are LGBTQ |  |  |
|
| Young Parents, parents age under 24yrs |  |  |
|

Name of Person Submitting:

Email:

Direct Phone Number:

Date of Submission: