

## ATTACHMENT 2

Cover page sheet

### 1. Applicant and Implementing Organization:

Applicant: City of Eureka \_\_\_\_\_

Implementing Organization: City of Eureka \_\_\_\_\_

Specific unit or office within the implementing organization: Uplift Eureka \_

Imp. Org's Address: 531 K Street \_\_\_\_\_

City: Eureka \_\_\_\_\_ County: Humboldt \_\_\_ ZIP Code: 95501 \_\_\_\_\_

Imp. Org's Tax ID Number: 94-6000328 \_\_\_\_\_

### 2. Project Director:

Name: Jeff Davis \_\_\_\_\_

Title: Program Coordinator \_\_\_\_\_

Telephone: (707) 441-4189 \_\_\_\_\_

Email: jdavis@ci.eureka.ca.gov \_\_\_\_\_

### 3. Grant Administrator:

Name: Katelyn Merrell \_\_\_\_\_

Title: Community Services Coordinator \_\_\_\_\_

Telephone: (707) 268-1844 \_\_\_\_\_

Email: kmerrell@ci.eureka.ca.gov \_\_\_\_\_

### 4. Contact person for application, if different than Project Director:

Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**The applicant certifies that, to the best of his or her knowledge and belief, the data in this application are true and correct.**

Name of Authorized Official

Print MILES SLATTERY

Signature  Date 12-30-21