

ATTACHMENT 2

Cover page sheet

1. Applicant and Implementing Organization:

Applicant: City of Redwood City

Implementing Organization: City of Redwood City

Specific unit or office within the implementing organization:
City Manager's Office/ Homelessness Initiatives Unit

Imp. Org's Address 1017 Middlefield Road

City Redwood City County San Mateo ZIP Code 94063

Imp. Org's Tax ID Number 946001116

2. Project Director:

Name Teresa Chin

Title Homeless Services Manager

Telephone 650-780-7510

Email tchin@redwoodcity.org

3. Grant Administrator:

Name Deanna La Croix

Title Executive Assistant to City Manager

Telephone 650-780-7308

Email dlacroix@redwoodcity.org

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

Name _____

Title _____

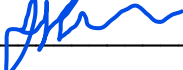
Telephone _____

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 Alex Khojikian, Assistant City Manager

Signature  Date 12/30/21