## **ATTACHMENT 2**

## Cover page sheet

<ol><li>Applicant (Organization):</li></ol>	
5rfcd v_City of Salinas	
Address 200 Lincoln Avenue	
City_SalinasCoun	ty Monterey ZIP Code 93901
Tax ID Number <u>94-6000412</u>	
2. Project Director: Name Rod Powell	
Title Planning Manager	
Telephone 831-758-7487	
Email_rodp@ci.salinas.ca.us	
<b>3. Grant Administrator:</b> Name <u>Francisco Brambila</u> Title Community Development <i>A</i> Telephone 831-759-7359	ınalyst
Email frankb@ci.salinas.ca.us	
Email italikb@ci.saliitas.ca.us	
<b>4. Contact person for applicatio</b> Name Megan Hunter	on, if different than Project Director:
Title Community Development Di	rector
Telephone <u>831-758-7334</u>	
Email_meganh@ci.salinas.ca.us	
The applicant certifies that, to t the data in this application are t	he best of his or her knowledge and belie true and correct.
Name of Authorized Official	
Print Steven S Carrigan	
Signature 55 60	Date 12/20/21