



**Letter of Intent**

**Project Name:**

**Project Category:**

**Project Address or Location:**

**Is the proposed project located within a Countywide Community Revitalization Team (CCRT) Area? (If yes, indicate which area)    \_\_\_ Yes    \_\_\_ No**

**CCRT Area:**

**Project Summary: Briefly describe the project in 50 words or less:**

**Partner Organization(s):**

**Applicant Information**

**Applicant Name:**

**Project Coordinator:**

**Mailing Address:**

<b>Day Phone:</b>		<b>Email:</b>	
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**Project Funding Request**

<b>Requested Funding Amount:</b>	<b>\$</b>
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<b>Total Neighborhood Match (must be equivalent to request, at minimum):</b>	<b>\$</b>
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<b>Total Project Cost:</b>	<b>\$</b>
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**Supplemental Information**

<p><b>Is the applicant a Nonprofit 501 (C) 3 Organization?</b> (If yes, attach a current copy of the IRS Affirmation or Determination letter )    ___ Yes    ___ No</p> <p><b>Federal Tax Identification #</b></p>	<p><b>Is the applicant organization incorporated with the State of Florida?</b> (If yes, attach copy of the Certificate of Incorporation) ___ Yes    ___ No</p>
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