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| --- | --- | --- | --- | --- | --- |
| **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:** | | | | | |
| **Day Phone:** |  | | **Email:** |  | |
| **Project Funding Request** | | | | | |
| **Requested Funding Amount:** | | | | | **$** |
| **Total Neighborhood Match** (must be equivalent to request, at minimum)**:** | | | | | **$** |
| **Total Project Cost:** | | | | | **$** |
| **Supplemental Information** | | | | | |
| **Is the applicant a Nonprofit 501 (C) 3** **Organization?** (If yes, attach a current copy of the IRS Affirmation or Determination letter ) \_\_\_ Yes \_\_\_ No  **Federal Tax Identification #** | | **Is the applicant organization incorporated with the State of Florida?** (If yes, attach copy of the Certificate of Incorporation) \_\_\_ Yes \_\_\_ No | | | |
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