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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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