



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

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