Attachment E: LETTER OF INTENT

(THIS DOCUMENT MUST BE SUBMITTED BY APRIL 11, 2024 IN ORDER TO APPLY)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LETTER OF INTENT** | | | | |
| **Project Name:** | | | | |
| **Project Category: (Only Select One)**  **Neighborhood Beautification Neighborhood Identification**  **Neighborhood Organizing and Sustainability Neighborhood Outreach and Capacity Building Public Safety and Crime Prevention Community Gardens Neighborhood Green Projects Emergency Preparedness Other** | | | | |
| **Project Address or Location:** | | | | |
| **All projects must be located within a designated Countywide Community Revitalization Team (CCRT) Area and/or the Glades region, including the municipalities of Belle Glade, Pahokee and South Bay.** Please indicate which area below:  **CCRT Area: Glades region:** | | | | |
| **Project Summary: Briefly describe the project in 50 words or less**: | | | | |
| **Partner Organization(s):** | | | | |
| **Applicant Information** | | | | |
| **Applicant Name:** | | | | |
| **Project Coordinator:** | | | | |
| **Mailing Address:** | | | | |
| **Cell 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 | | |