**2022 Neighborhood Engagement and Transformation Grant Program**

**DEADLINE**

**Application deadline:** Tuesday, April 27, 2021 no later than 5:00 pm.

Deadline is firm and late applications will not be accepted.

**INSTRUCTIONS**

**1.** Before filling out a project application:

* Read and follow the **NEAT Grants Program Booklet*.***
* Discuss your project idea with Chrystal Mathews, NEAT Grants Program Manager, before submitting an application. Call (561) 233-5565 or email cmathews@pbcgov.org.

1. The application provided must be used. Please type the application. Incomplete applications will not be considered for funding.
2. Do not staple the application materials together. Do not bind or enclose in any folder. Attachments must be 8.5 x 11. Single-sided copies are preferred. Do not include loose photos, flyers or oversize documents.
3. Submittal of Application

* Submit one (1) original, unbounded application packet and attachments either by mail or hand delivered to:

**Mail:** PBC OCR **Drop Off:** PBC OCR

Attn: Chrystal Mathews 2300 N Jog Rd.

2300 N Jog Rd., Suite 2E-50 West Palm Beach, FL 33411

West Palm Beach, FL 33411 Mon-Fri 8 AM – 5 PM

* Submit one pdf file of the entire application packet by email to [cmathews@pbcgov.org](mailto:cmathews@pbcgov.org). If the pdf file is too large, you can use software to reduce its size prior to submission like the one offered at [www.smallpdf.com](http://www.smallpdf.com). You may otherwise provide a jumpdrive of the pdf along with your unbound application.

**APPLICATION CHECKLIST**

A complete grant application must include the following components. Please use this checklist prior to submitting your grant application.

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| **APPLICATION COMPONENTS** |  |
| 1. **Cover Page** |  |
| 1. **Narrative** |  |
| 1. **Property Owners’ Consent Form** |  |
| 1. **Neighborhood Support Form** |  |
| 1. **Project Schedule** |  |
| 1. **Project Maintenance** |  |
| 1. **Match Pledge Form** |  |
| 1. **Budget** |  |
| 1. **Nonprofit Organization** |  |
| 1. **Copy of Certificate of Incorporation (If applicable)** |  |
| 1. **Proof of 50% or more match of the total project cost cash contributions** |  |
| 1. **Proof of cash availability (bank statements and/or donation letter), if applicable** |  |
| 1. **Proof of liability insurance (minimum policy value of $500,000)** |  |
| 1. **Three (3) Vendor Quotes** |  |
| 1. **Street/plat map showing location of the project** |  |
| 1. **Layout/sketch for the project** |  |
| 1. **2-5 Original color pictures of proposed project site (digital pictures preferred)** |  |
| 1. **Donation Letters** (if applicable): |  |
| 1. **Release and Hold Harmless Agreement** (if applicable)**:** |  |
| 1. **Partnership Letters** (if applicable)**:** |  |

**COVER PAGE**

The cover page is the first page of your application and will provide a reference and summary for reviewers. Below is a description of the main items included in the cover page.

* **Project Name:** A brief descriptive title for your proposed project.
* **Project Category:** Indicate the category of your project (see list on pages 3 and 4 of this booklet).
* **Project Address or Location:** State the exact address of the proposed project and indicate whether it is located within one of the designated Countywide Community Revitalization Team (CCRT) areas. The map can be found on Page 2 of this booklet.
* **Project Summary:** The project summary should be described in less than 50 words and provide a short, stand-alone description of the project. Think of this as a brief explanation that could appear in a press release or other publicity document.
* **Partner Organizations:** The names of any organizations officially partnering on the proposed project. Partnerships are optional - if there are no partnerships, write ‘N/A’.
* **Applicant Name:** The lead organization or group responsible for submitting the application, coordinating the project, and meeting all grant requirements.
* **Project Coordinator:** The name of the primary contact person for the application and grant administration.
* **Mailing Address:** The contact person’s mailing address.
* **Day Phone:** The contact person’s telephone number.
* **Email:** The contact person’s email address.
* **Requested Funding Amount:** The total dollar amount being requested (up to $10,000).
* **Total neighborhood match:** The total dollar amount contributed to the project (at least the same amount of grant funds being requested).
* **Total Project Cost:** The total cost of the project.
* **Federal Tax Identification #:** The applicant organization’s Federal Tax Identification number, if applicable.

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| **COVER PAGE** | | | | | | | |
| **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:** | | | | | | | |
| **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 | | | | |
| **Applicant Certification** | | | | | | | |
| The signatory below declares that s/he is legally authorized to sign on behalf of the neighborhood group/organization s/he represents. S/he further declares that the information contained with this application is correct, assures that neighborhood residents are in support of the proposed project, and assures that any funds received will be used only for the purposes set forth herein. | | | | | | | |
| **Name:** | | **Signature:** | | | | | **Date:** |

**NARRATIVE**

To ensure that all required information is included and to assist the NEAT Grants Review Committee in evaluating each proposal, please respond to the following questions by answering all the prompts in the order they are listed on the forms provided below. Grant reviewers respond best to a clear, concise narrative.

**Project Description and Neighborhood Benefit**

1. Project Description - What do you want to do and why do you want to do it? What are the objectives and anticipated outcomes of the project and how will you measure success? Provide an overview of the entire project (e.g. what initiative will be undertaken? what improvements will be constructed, installed, or applied?) *Remember to demonstrate the need for the project.*
2. What are the specific items you are requesting funding for under this grant?
3. Location and land ownership of the proposed project - Where is the project located? Please state the **exact** location of the project, including an address or cross streets, if applicable. Is the project on private property? (Right-of-way use agreement/permit will be required.) - Is the project on property owned by a private property owner? (Property owner may need to sign an access agreement for community use or consent).

* Submit a map showing the street names of where the project will be located and in relation to the neighborhood and surrounding community.
* **Submit a sketch drawing/site plan/layout** showing where improvements will be made. **Include 2-5 original color photos if applicable**, and include a brief decription of each photo.

1. How will property owners directly adjacent to or affected by the project be notified of project implementation and detail?
2. Neighborhood Benefit: Does the project meet a need unique to your neighborhood? How will it benefit your neighborhood? How will it contribute to neighborhood identity, foster a sense of community and strengthen relationships? What is the lasting impact of your project on the neighborhood and how it will help promote long-term community goals?

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| **PROJECT DESCRIPTION AND NEIGHBORHOOD BENEFIT** |
| 1. **Provide a complete description of your project:** |

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| 1. **List the specific items you are requesting to be funded through this grant:** |
| **Location and Land Ownership** |
| 1. **Project Address or Location:** |
| **Parcel Control Number(s) (PCN):** |
| **Name of subdivision and/or neighborhood:** |
| **Is the proposed project located on public property?** (If yes, a permit may be required).  \_\_\_ Yes \_\_\_ NoApplicant is required to obtain necessary permits and authorization to use the property for  the intended use. |
| **Is the proposed project located on private property?** (If yes, complete Consent Form provided on the following page)  \_\_\_ Yes \_\_\_ No |
| **Neighborhood Benefit** |
| 1. **Please explain how the project will benefit the neighborhood and how it will promote long term community goals:** |

If your project is located on private property, please provide the names, addresses, and signatures of the owners of any properties where the proposed project is to be located. Make copies of this form if needed.

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| **PROPERTY OWNERS CONSENT FORM** | |
| **NAME**  **(Print name & provide signature)** | **ADDRESS** |
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**Neighborhood and Community Involvement**

* Demonstrate broad participation and support of neighborhood residents with your project. Applicants are required to complete the “Neighborhood Support Form” on the following page.
* Provide examples of how residents participated in selecting and planning your project. How will residents be involved in the implementation of the project?
* Are you working with other public, private or non-profit organizations on this project? If so, describe who and how.

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| **NEIGHBORHOOD AND COMMUNITY INVOLVEMENT** |
| **Describe how neighborhood input for this project was obtained and how neighborhood residents will be involved in the implementation of your project:** |
| **Describe what other organizations you are planning to work with to carry out the project and how:** |

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| **NEIGHBORHOOD SUPPORT FORM** | | |
| Use this form to gauge support of those residents adjacent to or in the vicinity of your proposed project site. Make sure that those signing clearly understand the details of your project. Include owners, renters and businesses. Focus on neighbors adjacent to or in the general vicinity of the site. Include others as time allows. Make copies of this form if needed. | | |
| **Project Name & Description:** | | |
| The following residents of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_neighborhood fully understand and support the proposed project. | | |
| **Name** | **Address** | **Signature** |
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**Project Readiness**

* Is the project clearly defined and feasible?
* Is the project well planned and ready to proceed almost immediately?
* Can it be completed in 9 months?
* Do you have a detailed maintenance plan?
* Have all the necessary volunteers been recruited?
* Have you identified any permits and/or insurance requirements and know how you plan to address them?
* Is the project budget based on documented and verifiable costs and specifications?
* Who will handle the project accounting? If other than applicant, please identify and provide contact information.

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| **PROJECT READINESS** |
| **Please describe your project’s readiness:** |

**PROJECT SCHEDULE**

* Projects should be completed within one year of the signed agreement with Palm Beach County, and no later than the grant expiration date.
* Use the “Project Schedule” form on the following page to list in chronological order the specific steps you will take or activities that will be undertaken to carry out this project. Please make copies of this page if needed.
* Identify who will be primarily responsible for each step or activity.
* Estimate when the step or activity will be started and completed.

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| **PROJECT SCHEDULE** | | | |
| **Step or Activity** | **Person/Group**  **Responsible** | **Start Date** | **Completion**  **Date** |
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**PROJECT MAINTENANCE**

It is not the intent of this program to increase maintenance activities for County or Municipal Staff. As such, the applicant will be required to provide the maintenance, including but not limited to routine watering, weeding, mulching, trimming, mowing, and pruning of plant material, and the routine cleaning, repairing, painting, and refinishing of sign equipment, or structures. The project will be expected to be maintained for at least the term provided within the Agreement. **Project maintenance for two (2) years can count toward the applicant match. Maintenance beyond two years is required, but does not count toward the match.**

1. Describe how the project will be maintained over the term of the contract and after implementation.
2. Provide a maintenance schedule showing the specific duties that will be performed to maintain the project.

* Identify who will be primarily responsible for each duty or activity.
* Indicate the number of volunteers committed to perform the maintenance of the project.

1. Describe your backup plan in the event the volunteers fail to perform required maintenance duties.

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| **Project Maintenance Plan** | | |
| **Describe how the project will be maintained over the term of the contract and after implementation:** | | |
| **Maintenance Schedule** | | |
| **Duty or Activity** | **Person**  **Responsible** | **# of Volunteers Committed** |
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| **Backup Maintenance Plan** |
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**NEIGHBORHOOD MATCH PLEDGE**

1. Applicants are required to complete the “Neighborhood Match Pledge Form” provided on the following page to document the neighborhood match toward the project. Use the form to collect pledges and and then to account for the actual contribution.
2. The amount of the applicant’s contribution to the project must at least equal the total amount of grant funds requested from the County. A combination of cash, volunteer labor and/or in-kind donations of goods or services directly related to the implementation of the proposed project can be used as match. All contributions must be documented using the form provided. The contributions must also be documented on the budget table which is part of the grant application.
3. The project budget must include an amount of cash, in-kind donations, or volunteer time equal to or greater than the grant request. The match may not include resources or funding from other County departments.
4. Donated materials or supplies are valued at their retail price. If you have money in the bank for the project, include a bank statement or a letter from the fiscal sponsor to document the funds.
5. Volunteer labor or professional services contributed before the grant is awarded cannot be counted toward the match. All volunteer labor is valued at $25 per hour. The donors of professional services must also document the value of their contributions on official letterhead. Professional services are valued at their customary retail value.

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| **NEIGHBORHOOD MATCH PLEDGE FORM** | | | | | |
| **Name of Project:** | | | | | |
| The individuals, businesses, or organizations listed below commit to donate volunteer time, materials, services or cash for the above project. | | | | | |
| **Name/Address/Phone** | **Signature** | **Description of Donation or Volunteer Role**  (include # hrs. pledged) | **Value of Item or Hours** | **Value Received or Hrs. Worked** | **Date & Initials** |
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**BUDGET**

The following is intended to serve as a guide for preparing the project budget. It includes information on identifying and clarifying overall project costs and instructions for preparing the required budget documentation. The budget should be clear, appropriate and sufficient to complete the project. Costs should clearly support the proposed tasks and be consistent with the project narrative.

To complete the budget, identify ALL costs associated with the project and list them under the appropriate category. The budget form, provided on the following page, is divided into 4 major headings:

All proposed purchased and donations must be documented on the budget. Written documentation must be provided to support the neighborhood match.

* Budget Items Description & Expenses(A)
* Requested Grant Funds (B)
* Neighborhood Match (C)
* Total Project Cost (D)

1. **Budget Item Description and Expenses:** Provide a brief description of each item needed to complete the proposed project, the quantity of each item, the unit cost, any other charges associated with a particular item, if applicable, and the total cost of each line item. Please note that Palm Beach County does not pay for sales tax and this expense, therefore, is not eligible for reimbursement under this grant.

* **Supplies and Materials:** List all items needed to build and complete the project. You must provide three vendor quotes for each item listed on the budget.
* **Services:** List any expenses associated with technical assistance from professionals or other services that may be required for project implementation. Support documentation must be provided on letterhead from the service provider.
* **Other:** List any costs that are not specific to any of the above categories.

1. **Requested Grant Funds:** Amount of money requested for each line item from the NEAT Grants program.
2. **Neighborhood Match:** The amount of the applicant’s contribution to the project must at least equal the total amount of grant funds requested from the County. A combination of cash, volunteer labor and/or in-kind donations of goods or services directly related to the implementation of the proposed project can be used as match.

* **In-Kind Contributions:** Estimate the value of any **in-kind donations** and/or **Volunteer Hours**. In-kind donations may include project materials, technical assistance from professionals, other donated services and labor, and general volunteer hours.

Donated equipment, materials and supplies should be valued at the retail market rate these items would cost if purchased. For discounted materials made available at a reduced rate by a retailer, the difference between the retail and discount price may be counted as an in-kind donation.

Donated services or labor should be valued at the rate these individuals would have been paid for their services. General volunteer hours should be valued at $25/hr.

* **Cash Donations, Private Grants and Other Sources:** List any additional dollars supporting this project. This could include private grants from other organizations or direct financial support (cash donations) from your organization/neighborhood group or other sources.

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| **PROJECT BUDGET** | | | | | | | | | | | |
| **A – Budget Item Description and Expenses** | | | | | | **B- Requested**  **Grant Funds** | **C - Neighborhood Match**  **D** | | | | **D -Total Project**  (B+C =D) |
| **Item Description** | | **Quantity** | **Unit Cost** | **Other Charges**  (Sale taxes cannot be included) | **Total Cost** | **In-Kind Contributions** | | **Cash Donations** | **Private Grants and Other Sources** |
| **Donated Supplies, Materials or Services** | **Volunteer Time**  **($25/Hr)** |
| **Supplies and Materials** |  |  |  |  |  |  |  |  |  |  |  |
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| **Supplies & Materials Subtotal** |  |  |  |  |  |  |  |  |  |  |
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| **Services Subtotal** |  | | |  |  |  |  |  |  |  |
| **Other Expenses** | Permits |  |  |  |  |  |  |  |  |  |  |
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| **Other Expenses Subtotal** |  | | |  |  |  |  |  |  |  |
| **GRAND TOTAL** | |  | | |  |  |  |  |  |  |  |

**SUPPORT DOCUMENTS**

This section of the application includes all the attachments that must be submitted with your application in the order listed below.

**Attachment A: Donation Letter -** Use this letter to document donated cash, materials and/ or professional services.

**Attachment B: Partnership Letter –** Use this letter of support from any partner organizations explaining how they will actively participate in the project.

**Attachment C: Release and Hold Harmless Agreement-** Use this form to document any volunteer who performs any services connected with the project.

**Attachment D: Other Support Documentation -** Attach and clearly label the following items as applicable to your project and application:

1. Nonprofit Organization: Include a copy of a current IRS determination letter indicating 501c3 tax exempt status
2. Copy of Certificate of Incorporation
3. Proof of 50% or more match of the total project cost
4. Proof of cash availability (bank statements and/or donation letter)
5. Proof of liability insurance (minimum policy value of $500,000)
6. Three (3) Vendor Quotes
7. Street/plat map showing location of the project
8. Layout/sketch for the project
9. 2-5 Original color pictures of proposed project site (digital pictures preferred)

**Attachment E: Letter of Intent –** Use this document to provide a brief description of your project. Do not include the letter of Intent with your application.

**Attachment A: Donation Letter**

This letter confirms that the below listed organization/business/individual supports and agrees to donate on behalf of the implementation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ proposed project.

(Applicant Name)

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| --- |
| **Name of Organization:** |
| **Address:** |
| **Email:** |
| **Telephone:** |
| **FEIN:** |

**Donations:**

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| **The donation will consist of the following:** | |
| **Cash: $** | |
| **Materials/Equipment: (Indicated the amount and value of the items being donated):**  **Estimated dollar amount: $** | |
| **Professional Services:** | |
| **Estimated market value dollar amount: $** | **Estimated rate per hour: $** |
| **Total number of hours donated: $** | |

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| Signature: | Date: |

**Attachment B: Partnership Letter**

Please submit a letter of support from any partner organizations, on the organization’s letterhead, explaining how they will actively participate in the project. A Partnership letter Example is provided below.

<Date>

Dear NEAT Grants Program Review Committee,

[Partner Organization’s Name] is very pleased to support the [your Organization’s Name] application for a Neighborhood Engagement and Transformation (NEAT) Grant through the Office of Community Revitalization and to confirm our commitment to partner with the organization to implement [your project’s name] project.

The project will [explain what the project will achieve or need it will address]. We strongly support this project and grant application because [please explain why you support the project and application, how it aligns with the mission of your organization, and describe any ongoing relationships with the applicant if applicable].

[Partner Organization’s Name] has agreed to work with [your Organization’s Name] once the grant is approved, and will contribute to the project by providing the following: [describe the specific role and commitment to the proposed project ie. Personnel, financial resources, in-kind contributions, etc).

We look forward to the opportunity the NEAT Grants Program funding will provide to implement the proposed projectand working with [your organization’s name] in its implementation. Thank you for your consideration and please feel free to contact me or my staff regarding [Partner Organization’s Name] involvement in this effort.

Sincerely,

[Signature of Partnering Organization’s Authorized Representative ]

<Printed Name of Organization’s Authorized Representative>

<Title>

<Organization Name>

**Attachment C: Release and Hold Harmless Agreement**

This Release and Hold Harmless Agreement (“Agreement”) is made this day of   
 , , by (“Volunteer”) for the benefit of Palm Beach County, Florida, (“County”).

WHEREAS, County has awarded a Neighborhood Engagement and Transformation (NEAT) Grant (“Grant”) to

allow the to improve the neighborhood, which requires Volunteer assistance.

NOW, THEREFORE, in order to fulfill the obligations under this Grant, the Volunteer agrees as follows:

1. Volunteer does hereby waive, release, relinquish, satisfy, quit claim and forever discharge the County , or any of its officers, agents, and/or employees from and against any and all actions, claims, liabilities, losses, and demands that he/she ever had, now has, or may have against the County, or any of its officers, agents, and/or employees as a result of or in connection with satisfying the obligations of the Grant.

2. Volunteer shall protect, defend, reimburse, indemnify and hold County, its agents, officers and/or employees harmless from and against all claims, liability, expense, loss, cost, damages or causes of action of every kind or character, including, but not limited to, attorney’s fees and costs, whether at trial or appellate levels or otherwise, arising during and as a result of his/her performance of the terms of this Grant or due to the acts or omissions of the Volunteer.

I have read this Agreement fully and understand its content and sign it of my own free will. I further certify that I am eighteen (18) years of age or older or the parent/legal guardian of a minor participant.

Name: Date:

Signature:

If under age 18:

Name of parent/legal guardian: Date:

Signature of parent/legal guardian:

**Attachment D: Other Support Documentation**

(Attach all support documents after this page)

**Attachment E: LETTER OF INTENT**

**(THIS DOCUMENT MUST BE SUBMITTED BY MARCH 18, 2021 IN ORDER TO APPLY)**

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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:** | | | | | |
| **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 | | | |