

Matching Grant Application

Name of Organization or Association: _____

Located in District: _____

Date of Incorporation: _____

Contact Person: _____

Board of Directors Listing: _____

Phone Number: _____ E-Mail: _____

Mailing Address: _____

Location of Neighborhood: _____

Amount Requested (**max \$4,999**): _____

Has your neighborhood association/organization or homeowner's association applied for a matching grant in the past? _____

If so, when? _____

Please give a brief description of the project that you are proposing.

When will the project start? _____ When will project be completed? _____

Provide project budget including total project costs and requested city funding. Neighborhood Association/Organization or Homeowners' Association must include how the funding will be matched by the neighborhood.

Please provide brief statements as to how this project would meet the following criteria for your neighborhood. Please feel free to type on a separate page in lieu of filling in the blanks. **Provide supporting documents where applicable.**

The project would enhance the safety of residents by: _____

The major deficiency in our neighborhood that this project would correct is: _____

We solicited neighborhood input into the selection of this project by: _____

Residents are involved in the implementation of the project by: _____

This project is consistent with the Neighborhood Partnership Beautification Program and our Neighborhood's Goals, in that it: _____

To complete this project, our community involvement element is: _____

We plan to finance these costs by: _____

Please describe any future maintenance plan or operational costs: _____

The project would enhance the aesthetics of our neighborhood by: _____

Please describe the environmental value of the project: _____

Please also submit the following:

- ✓ 6 copies of application packet
- ✓ Last approved budget of the Neighborhood Association/Organization, Homeowners' Association
- ✓ Photographs of the proposed project area
- ✓ Plans or maps indicating the project in relation to the neighborhood and surrounding community
- ✓ Letters of authorization from appropriate agencies, where applicable. HOA's, property owners, utility companies, etc.
- ✓ A minimum of two estimates for all work

General Notes:

- *The City shall have discretionary authority to amend or modify any of the preceding guidelines.*
- *All Groups shall enter into an agreement(s) with the City of Tamarac upon recommendation for approval of any request.*

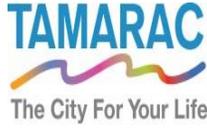
Signature (applicant): _____
(Wet signature required)

Date: _____

Please submit your application, along with all required materials listed above, in a sealed envelope to:

City of Tamarac
Community Development Department-Housing Division
7525 NW 88th Avenue, Room 206
Tamarac, FL 33321

For assistance, please contact the Community Development Department at 954-597-3530, fax 954-597-3540.



Home Owners Association (HOA) / Condominium Association (Condo)
REGISTRATION

Registered HOA/Condo Legal Name: _____

Address: _____

Community Name: _____

Senior Living Community (55+) YES NO

Tax ID No.: _____

Authorized Signature: _____
(Wet signature required)

Authorized Name (Print): _____

BOARD MEMBERS INFORMATION

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

ADDRESS: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CITY, STATE, ZIP: _____

PHONE: _____

PHONE: _____

FAX: _____

FAX: _____

EMAIL: _____

EMAIL: _____

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

ADDRESS: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CITY, STATE, ZIP: _____

PHONE: _____

PHONE: _____

FAX: _____

FAX: _____

EMAIL: _____

EMAIL: _____



Neighborhood Partnership Program Application Checklist

- _____ Completed application - signed and dated
- _____ Last approved budget of the neighborhood association
- _____ Photographs of proposed project area
- _____ Plans or maps indicating the project in relation to the neighborhood and surrounding community
- _____ Letters of authorization from appropriate agencies, if applicable (property owners or utility companies)
- _____ A minimum of two estimates for all work
- _____ Six (6) copies of application packet