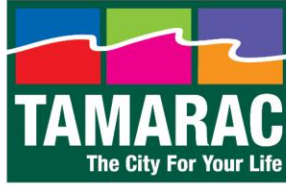


COMMUNITY DEVELOPMENT
DEPARTMENT



Jennifer K. Bramley
DIRECTOR

Neighborhood Partnership Program
Matching Grant Application

(A separate page may be used in lieu of completing this form)

Name of Organization or Association: _____

Date of Incorporation: _____

Contact Person: _____

Board of Directors Listing: _____

Phone Number: _____ E-Mail: _____

Mailing Address: _____

Location of Neighborhood: _____

Amount Requested: _____

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? _____

"Committed to Excellence... Always."

TAMARAC.ORG

7525 N.W. 88th Avenue | Tamarac, Florida 33321-2401 | P: 954.597.3530 | F: 954.597.3540

EQUAL OPPORTUNITY EMPLOYER

Provide project budget including total project costs and requested city funding. Homeowners Associations 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 Program and our Neighborhood's Goals in that it: _____

To complete this project, our mandatory 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 also submit the following:

- ✓ 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 three estimates for all work except landscaping utilizing the City of Tamarac fair market value guide.

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.*
- *If work is on a City right-of-way, applicant must secure a plan review, permit and license agreement from the City of Tamarac.*

Signature (applicant): _____

Date: _____

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

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

For assistance, please contact:
Community Development Department
Phone # 954-597-3530
Fax# 954-597-3540.