



**CITY OF TAKOMA PARK, MARYLAND
GRANTS PROGRAM
LETTER OF INQUIRY COVER SHEET**

Applicant Name: _____

Mailing Address: _____

Contact Person/Title: _____

Telephone Number: _____

E-mail Address: _____

Website (If any): _____

Type of Organization:

- | | |
|--|---|
| <input type="checkbox"/> Nonprofit Organization | <input type="checkbox"/> Neighborhood Association |
| <input type="checkbox"/> Business Association | <input type="checkbox"/> Community Group or PTA |
| <input type="checkbox"/> Registered Tenant Association | <input type="checkbox"/> Other _____ |

Name of Project: _____

Grant Program: Community Grant Community Development Block Grant (CDBG)

Total Project Budget: \$ _____

Amount of Grant Request: \$ _____

Required Attachments: Letter of Inquiry (1 page maximum) Current Financial Statement

CERTIFICATION

As, the authorized representative of the Applicant, I have completed or directed the completion of this Letter of Intent for consideration for funding by the City of Takoma Park Grants Program and confirm that the information contained herein is true and correct to the best of my knowledge, information and belief.

Signature

Date

Printed Name

Title