



CITY OF TAKOMA PARK, MARYLAND
FY18 COMMUNITY 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:

Nonprofit Organization

Business Association

Name of Proposed Project: _____

A. Amount of Grant Request (Equal to or Less than 50% of Total Project Budget): \$_____

B. Value of Match (Equal to or More than 50% of Total Project Budget): \$_____

C. Total Project Budget: (A + B) \$_____

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