

Palm Beach County Neighborhood Partnership Grant Program

**Letter of Intent**

This letter shall confirm that, \_\_\_\_\_ will  
(Neighborhood/Business Association/Organization/Group Name)

apply for the Neighborhood Partnership Grant Program.

**Please Print:**

Neighborhood/Business Association/Organization/Group Name:

\_\_\_\_\_

Contact Person, Address, Telephone Number and Email Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Project: (please briefly describe your project)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the proposed project to be located on the public right-of-way? \_\_\_ Yes \_\_\_ No

Projected Project Cost: \$ \_\_\_\_\_

Estimated Grant Request: \$ \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please mail or hand deliver to: Palm Beach County Planning Division  
Community Revitalization Section  
100 Australian Ave.  
West Palm Beach, FL 33406