



**Neighborhood Partnership Grants Program
Project Review and Funding Form**

Submit application to: info@edgewood-fl.gov

Applicant Organization Name:		
Applicant Organization Address:		
Applicant Organization Tax ID:		
Date Projected For Completion Of Project:		
Contact for Project Inspection:		
	Name:	
	Address:	
	Contact Number 1:	
	Contact Number 2:	
	Email Address:	
Funding Check Recipient:		
	Name:	
	Address:	
	Contact Number 1:	
	Contact Number 2:	
	Email Address:	

Grant / Project Description: (Attach pictures, sketches, etc. to the back of this form)

Project Cost Estimate:	
Actual Project Cost: (Attach copies of invoices to support this total)	

Office Use Only			
Date Received:		Engineer Inspection Date:	
Received By:		Engineer Approval:	
Grant ID #:			

HAVE YOU APPLIED FOR AND RECEIVED THIS GRANT IN THE PAST 3 YEARS – PLEASE EXPLAIN
COMMENTS: