

All Letters of Intent must be submitted through the online grant portal at <https://www.grantinterface.com/Home/Logon?urlkey=cftampabay> beginning October 13, 2021. If you are not able to access the online form, please contact [jscites@cftampabay.org](mailto:jscites@cftampabay.org).

## Community Foundation Tampa Bay Competitive Grant FY22 Letter of Intent Form

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*Community Foundation Tampa Bay*

### *Acknowledgment*

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#### **Acknowledgment\***

I understand that in order to apply for a competitive grant from Community Foundation Tampa Bay, my organization must:

- Be tax-exempt under section 501(c)(3) of the Internal Revenue Code
- Be serving Hillsborough, Pinellas, Pasco, Hernando, or Citrus counties
- Exhibit strong management and sound leadership
- Have read and understand the guidelines and criteria provided on Community Foundation Tampa Bay's website

#### **Choices**

Yes

### *Organization Information*

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Questions that contain the GuideStar logo allow you to pull information directly from your GuideStar profile. You will have the ability to edit the information that is downloaded from GuideStar. Click on the icon to begin. Alternatively, you may enter the mission statement on your own.

#### **Mission Statement\***

*Character Limit: 1500*

#### **Revenue\***

Enter your organization's total revenue as reported on your most recently filed IRS Form 990 (indicated on line 12), IRS Form 990-EZ (indicated on line 9), or independently audited financial statement.

*Character Limit: 20*

### *Project Information*

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#### **Focus Area\***

Select the primary focus area of your project.

### Choices

Community Vibrancy  
Economic Mobility  
Empowering Women and Girls  
Mental Well-Being  
Positive Education

### Geographic Area(s)\*

Select all geographic areas that will be impacted by your project. Your nonprofit must be serving one of the areas listed below.

### Choices

Citrus  
Hernando  
Hillsborough - North (north of the Alafia River)  
Hillsborough - South (south of the Alafia River)  
Pasco  
Pinellas

### Project Title\*

Enter the title of your project.

*Character Limit: 250*

### Project Summary\*

Provide a brief summary of your project that may be used in marketing materials and shared with high-level reviewers such as council members and donors. Please include:

- the name of the project,
- amount requested,
- description of the project,
- population served,
- and how the funds will be used.

*Character Limit: 1500*

### Need\*

Describe the specific community need that your project is addressing.

*Character Limit: 2000*

### Collaboration\*

Please describe how your organization is partnering with other organizations. If this does not apply, please enter N/A.

*Character Limit: 2000*

**Innovation\***

Please describe how your project is innovative and the research and/or best practice that your project is based on.

*Character Limit: 2000*

**Number Served\***

Enter the number of individuals estimated to be served by your project.

*Character Limit: 10*

**Population Served\***

Describe the population served by your project such as veterans, youth, women, minorities, etc.

*Character Limit: 2000*

**Project Status\***

Is this a new project?

**Choices**

No

Yes

## *Budget Information*

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**Project Budget\***

Enter the total budget for your project.

*Character Limit: 20*

**Amount Requested\***

Enter the amount of the grant you are requesting.

*Character Limit: 20*

**Additional Funders**

If the project budget exceeds the amount you are requesting, please describe how the additional funds will be acquired.

*Character Limit: 1000*

**Date Needed\***

Enter the date by which the funds are needed. Please note that if your organization is selected to receive a grant, funds will not be disbursed until April, 2022.

*Character Limit: 10*

### **Fund Use\***

Describe how the specific grant amount requested from Community Foundation Tampa Bay will be expended for this project.

*Character Limit: 1000*