



Orange Blossom Trail Development Board, Inc.

SNP Grant Application

Applicant Information

Entity Name: _____ Date: _____

Authorized Person: _____ Title: _____
Last First M.I.

Corporate Physical Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Work Phone: _____ Email: _____

Description of Applicant:

Individual: _____ For-Profit Corp.: _____ Non-Profit Corp.: _____

Year Business/Organization Established: _____

Funding Request

Grant Request: \$ _____ Total Project/Program Cost: _____

How will the grant funds be utilized? _____

References

Name/Phone/Email

- 1.
- 2.
- 3.

Initial:

1. I will comply with all federal, state, and local rules and regulations with respect to the use of the grant funds _____
2. I will cooperate fully with the OBT Development Board in implementing the terms and conditions of any subsequent agreement, if awarded. _____
3. I will provide the OBT Development Board with periodic status updates, as may be required from time to time. _____
4. I will promptly accommodate and OBT development Board request for information with respect to the grant _____
5. I am duly authorized to submit this application and any amendments thereto _____
6. I understand that representations herein are a material inducement for OBT Development Boards issuance of this grant _____
7. I am duly authorized to submit this application and any amendments thereto _____
8. Under penalties of perjury, I declare that I have read the forgoing application, and its attachments and that the fact stated in it are true _____

Disclaimer and Signature

The OBT Development Board reserves the right to request additional information about the program on the Applicant as may be needed to evaluate the grant application.

By signing, I certify that the information contained herein is true, complete, and accurate to the best of my knowledge. Should any of the representations made herein change, I hereby acknowledge my obligation to immediately notify the OBT Development Board and update those representations.

Print Name
Authorized
Representative: _____

Signature: _____

Date: _____

OBT Development Board Community Grant
Community Based Projects and Programs

Grant Project Overview:

The OBT Development Board provides funding for community-based projects and programs in the Holden Heights Community and Orange Blossom Trail Development Project area (see boundary map for details).

Objectives:

1. Provide funding to local organizations working with youth, families, business, and other community-based services.
2. Connect and create relationships with organizations for continued support to the Holden Heights Community and Orange Blossom Trail Development Project area.
3. Create and manage community event(s) related to program requirements.
4. Maintain community relationships for long term action and development.

Application Requirements:

1. Identify community organization is in the Safe Neighborhood Boundary (see map for details).
2. Cover Letter
 - a. Name of Organization
 - b. Address
 - c. Description of community-based program related to families, youth, elderly, housing needs, homeless, cultural activity, or another related program.
3. Provide the OBT Development Board with a strategic outlook.
 - a. Staff
 - b. Action Plan
 - c. Objectives
 - d. Evaluations
 - e. Data
 - f. Timeframe
4. Submit the application by September 1st, 2023.