## Tax Increment Financing (TIF) Letter of Intent

## General PROJECT TITLE DATE **FOCUS LOCATION** PROJECT COORDINATOR TITLE ORGANIZATION TYPE **PHONE ADDRESS** E-MAIL PROJECT START DATE PROJECT COMPLETION DATE COLLABORATIONS/PARTNERSHIPS PROJECTED BUDGET **FUNDING FUNDING SOURCES USES**

## Tax Increment Financing (TIF) Letter of Intent

## <u>Letter of Intent</u>

Please describe your project. See Letter of Intent Application Instructions for details. Limit 500 words.

Who will be served by this project?
TOWNSHIP/REGION
AGE RANGE OF THOSE SERVED
APPROXIMATE NUMBER OF THOSE SERVED
NUMBER OF JOBS CREATED NUMBER OF JOBS RETAINED
Plan for evaluating the success of this project:
SUSTAINABILITY PLAN
MEASURABLE OUTCOMES WILL BE
Signatures:
SIGNATURE OF PRESIDENT, CEO, OR BOARD PRESIDENT DATE
PRINT NAME TITLE
Fiscal Sponsor (if applicable)
SIGNATURE OF FISCAL SPONSOR ORGANIZATION DATE
PRINT NAME TITLE