

NOTE: In-kind contributions *are not to be* included in the Development Cost Budget.

Proposed Project Name: _____

Proposed Project Address: _____

Applicant Name: _____

Describe the contribution and explain how the proposed project and/or its residents will benefit from the contribution:

Contributor Information: Contributor Name: _____

Contact Person: _____ Contact Title: _____

Contact Phone: _____ Contact Email: _____

Contribution Information:

Estimated Fair Market Value of Contribution: _____ Anticipated Date of Contribution: _____

If applicable, provide any legislation/resolutions authorizing the contribution:

Provide justification of Fair Market Value and attach any supporting documentation, if applicable:

I certify that the information contained on this form is true and complete to the best of my knowledge.

Signature of Contributor

Date

Contributor Printed Name