

## PROJECT APPLICATION

Please return this application by  
July 1, 2008 to:

The Tampa Connection  
C/O United Way of Tampa Bay  
5201 W. Kennedy Blvd., Suite 600  
Tampa, FL 33609

Phone: (813) 274-0908  
Fax: (813) 228-9549  
E-Mail: [btribble@uwtb.org](mailto:btribble@uwtb.org)



Agency Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone # \_\_\_\_\_ FAX # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Agency Website Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has your agency previously been selected for a Tampa Connection project?

Yes No

If yes, in what year(s)? \_\_\_\_\_

**ON A SEPARATE PIECE OF PAPER, please provide the following information:**

- 1.) A detailed description of the project for which you are requesting consideration.
- 2.) An overview of the goals you hope your project will accomplish.
- 3.) Your agency's mission statement.
- 4.) A brief description of the services provided by your agency.