

PROJECT APPLICATION

Please return this application by
July 3, 2009 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



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.