

**CITY OF SUNRISE  
NEIGHBORHOOD PARTICIPATION PROGRAM**

**PROJECT APPLICATION FORM**

Note: Please read the enclosed program information before completing the application.

Date of Application: \_\_\_\_\_

**APPLICATION INFORMATION**

Neighborhood Organization Name: \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

Neighborhood Project Coordinator

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PROJECT INFORMATION**

Describe the Project:

Describe how the project will benefit the neighborhood:

Funding Requested:

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**PROJECT SUPPORT**

Describe your neighborhood's contributions toward the project, if any:

**NEIGHBORHOOD SUPPORT**

Provide a minimum of twenty signatures or a majority of affected property owners

<b>Name</b>	<b>Address</b>
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**CITY OF SUNRISE  
NEIGHBORHOOD PARTICIPATION PROGRAM**

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Send completed applications to City of Sunrise Capital Projects: 777 Sawgrass Corporate Parkway; Sunrise, FL 33325