



NEIGHBORHOOD MATCHING GRANTS PROGRAM

Donation Letter

This letter shall confirm that _____ will participate as a
(private/public organization or individual name)

partner with the _____ in the implementation of their
(neighborhood organization/business association)

Neighborhood Matching Grants project.

Please Print

Name: _____

Company: _____

Address: _____

Telephone: _____ E-mail: _____

The contribution will consist of the following (please include all that apply):

Materials/Equipment (indicate the amount and value of the items being donated or discounted, use additional sheets if necessary):

Professional Services (indicate the type of services being provided):

The market value for professional services rendered is \$ _____ at a rate of \$ _____

per hour. Total number of hours donated will be _____.

Signature: _____ Date: _____



City of Arlington
Community Development and Planning
101 W. Abrams Street
Arlington, TX 76004
817-459-6652

For Closeout of Project

Date services provided: _____

Signature: _____ Date: _____
(private/public organization rep. or individual name)