



CITY OF CAMDEN

Dana L. Redd, MAYOR

CITY HALL, SUITE 400
520 MARKET STREET
CAMDEN, NJ 08101-5120
TEL.#(856) 757- 7200 Fax #(856) 963-1841

equity. consistency. alignment.

Project:

BUSINESS GROWTH & DEVELOPMENT TEAM
PROJECT PROPOSAL

Name of Organization:

Address:

Phone: Fax:

Email:

Key Contact:

Tax Payer ID#:

Requested Property Info

Block(s) and Lot(s):

Neighborhood:

Requesting Funding Assistance: Yes No

Requesting Pilot: Yes No

Project Proposal

In a concise project proposal, please provide the following information:

- Articles of Formation/Incorporation
501(c) 3 Certification (if applicable)
List of Board of Directors/Officers
Resumes of Key Staff
Identification of Development Team (Contractor, Architect, Project Manager, etc.)
Organizational History & Relevant Experience
Description of how project is consistent with the City's Master Plan, Redevelopment and/or Neighborhood Plans
References
Business Plan
Project Narrative Description: include timeline for completion of project and community benefits package.
Project Budget/Pro forma
Funding Commitment Letters
Letters of Support
Letter of Credit

*Please return this completed form with your proposal and related attachments to the following address: Vincent Basara, Ombudsman, City Hall-13th Floor, 520 Market Street, Camden NJ 08101