

**RURAL ECONOMIC DEVELOPMENT INITIATIVE
AND
FLORIDA RECREATION DEVELOPMENT ASSISTANCE PROGRAM
REQUEST FOR MATCH WAIVER**

LOCAL GOVERNMENT: _____

COUNTY: _____

CONTACT: _____

Name, Address and Phone Number for Contact:

STATE SENATOR: _____ DISTRICT: _____

STATE REPRESENTATIVE: _____ DISTRICT: _____

PROJECT INFORMATION

PROJECT INFORMATION DESCRIPTION in brief:

PROJECT LOCATION:

Is the project located in a "Rural Area of Critical Economic Concern"? Yes ___ No ___

Has this project been approved as a priority for your community? If so, through what process?

How will this project benefit your community? _____

What is the projected cost for this project? _____

(Please attach a general budget summary)

Is this request for a waiver of all match requirements? Yes _____ No _____

If no, how much are you willing to match? _____

Signature of Authorized Representative

Signature Typed or Printed