



Community Project Initiative Application “Sharing The Africatown Story”

Application Date- _____

| | |
|--------------------------|--|
| Applicant Name | |
| Organization Name | |
| Address | |
| City, St Zip Code | |
| Contact Number | |
| Email Address | |

| | |
|--------------------------------------|--|
| Project Name/Description | |
| Project Address If Applicable | |

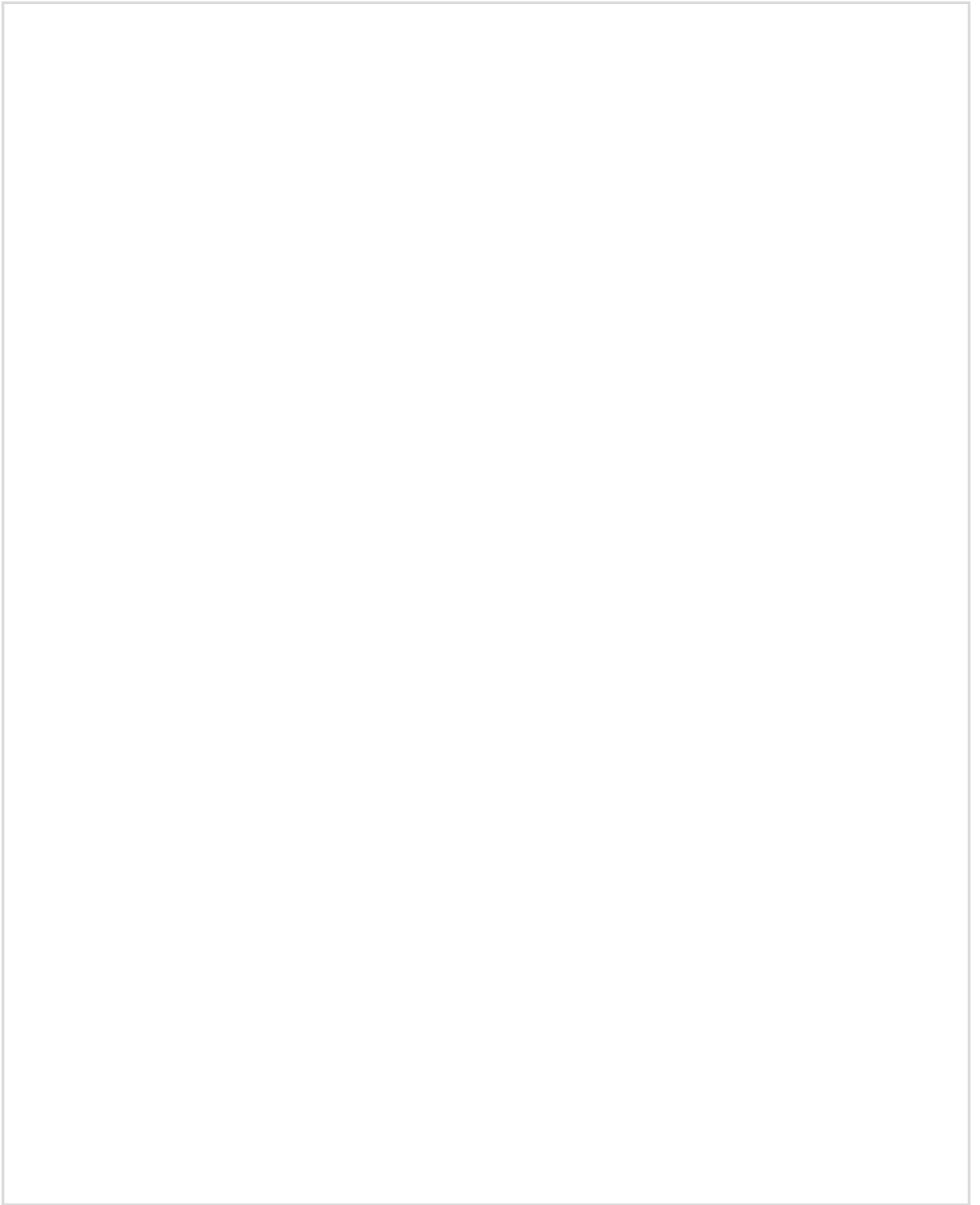
PROJECT INFORMATION

What community will Project be conducted in Africatown. _____

Please provide a description of your proposed project that explains the following:

- **H**ow your project contributes to sharing the Africatown story
- How your project will be freely available and accessible to the public
- How your project will create a lasting resource, either physical or virtual/online
- How your project will be maintained beyond the funding period
- The timeline for completing your project
- A description of how the requested funds would be used to support your project

Project descriptions should be no longer than 1500 words.



Project Timeline

Project timelines help keep track project progress.

| | | | | |
|------------------------|--|--|--|--|
| Projected Dates | | | | |
| Phase 1 | | | | |
| Phase 2 | | | | |
| Phase 3 | | | | |
| Phase 4 | | | | |

Additional Space for information

Budget

PROJECT COST BREAKDOWN

Item Description:

Total Cost:

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |

| | |
|-------------------------------|--|
| Project timeframe plan | |
| Community benefit description | |
| Other funding Sources | |

TOTAL COMMUNITY PROJECT REQUEST \$ _____

Project Information Contacts

Please confirm all contacts that will be part of the Community Project.

| Name | Contact Number | Email Address |
|------|----------------|---------------|
| | | |
| | | |

Mail or Drop off at:
Attention: Africatown Heritage Preservation Foundation
Africatown Hall
2201 Papermill Road
Mobile, AL 36610