



Legacy Capital Financing Fund (LCFF)

INTAKE FORM

Agency Name: _____

Agency Contact Name: _____

Agency Contact Phone: _____ Agency Contact Email: _____

Additional Contact Information: _____

Anticipated Total Project Cost: _____

If total project cost is more than the LCFF authorization, please list other sources of project funding and any timelines of such transactions: _____

Authorizing Legislation and Other Approvals (include any governing board approvals):

Project Description:



Please describe the expected timeline for the project, noting any property purchases that need to be completed or any contractors/architects/etc that need to be retained.

Does the agency anticipate the need to be reimbursed for project costs incurred prior to the first distribution (i.e. architectural or engineering expenses) or plan on distribution of funds in advance of expenditures? _____

Do you have any questions regarding the LCFF?
