



**Creative Pinellas  
Beyond Placemaking Grant  
Collaborating Organization Partner Letter**

**Project/Collaboration Title:**

**Artist(s) Name(s):**

**Organization Name:**

**Organization Representative:**

**Organization Email:**

**Signer's Title:**

**Organization Address:**

**Organization Website:**

I, \_\_\_\_\_ agree to be a collaborative partner for the above-named NEA supported grant, matched and managed by Creative Pinellas.

I have read the grant proposal, including the terms and conditions, and agree that the project provides valuable benefits to the planned recipients. Our organization agrees to support the project by effectively providing the services and/or products as described in the proposal.

Within 60 days of the end of the grant period or completion of the project (whichever comes first), our organization will complete a brief survey for Creative Pinellas that will provide factual information such as:

- Number of people served
- Quality of the experience
- Dates of service
- And other basic information

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Signature

Date

Name