



County Planning

CUYAHOGA COUNTY
PLANNING COMMISSION

2079 EAST 9TH ST, 5-300
CLEVELAND, OH 44115

216.443.3700
COUNTYPLANNING.US

2019 Community Planning Grant Program **APPLICATION FOR PLANNING SERVICES**

Applications Open: Friday, May 3rd, 2019

Applications Close: Friday, June 7th, 2019

Project Name:

Project Location:

Applicant Community:

Date of Application:

If Joint Application, list co-applicants:

Cooperation Agreement Attached:

Yes

No

N/A

Previously Awarded Planning Grant Funds:

Yes

No

If yes, name of project:

Applicant Contact / Title: _____

Address: _____

Phone: _____

Email: _____

Federal IRS Tax ID Number: _____

County Council District: _____

Internal Use Only: _____

Date Application Received / Initials



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Describe the Project (One (1) Page Maximum)



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**What is your community's need for professional planning services?
(One (1) Page Maximum)**



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**What does your community hope to achieve through this planning process?
(One (1) Page Maximum)**



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**Who and what will this study impact? At both the regional and local scale?
(One (1) Page Maximum)**



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How does your community plan to coordinate implementation of any recommendations proposed by this planning process? (One (1) Page Maximum)



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APPLICANT CERTIFICATION

I HEREBY CERTIFY that I have the authority to apply for professional planning assistance on behalf of the entity described herein, and that the information contained herein and attached hereto is true, complete and correct to the best of my knowledge.

IN WITNESS THEREOF, the undersigned, being duly authorized so to do, have signed this application.

City / Village: _____

Mayor / City Manager: _____
Signature Date

Printed Name / Title: _____

CO-APPLICANTS (if applicable)

City / Village:

City / Village:

Mayor / City Manager:

Signature Date

Mayor / City Manager:

Signature Date

Printed Name / Title:

Printed Name / Title:

(Attach additional pages if necessary)