

# APPLICATION

## 2020 COMMUNITY PLANNING GRANT

### INSTRUCTIONS

Review the Program Manual and complete this application in its entirety. Applications, including this document and any attachments, shall not exceed ten (10) pages. Applications must be received via email at [planning@cuyahogacounty.us](mailto:planning@cuyahogacounty.us) or hardcopy at Cuyahoga County Planning Commission, ATTN: Community Planning Grant, 2079 East 9th Street, Suite 5-300, Cleveland, Ohio 44115 no later than **4:00pm on June 30, 2020**. Incomplete or late applications will not be considered. County Planning is not responsible for the timeliness of the delivery system.

### ATTACHMENTS

Up to four (4) pages of attachments can be submitted with this application. Attachments can include supporting documentation such as cover letter, maps, photographs, and support letters.

### SECTION 1: ABOUT THE APPLICANT

Applicant Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Co-Applicant Names (if any): \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

County Council District No.: \_\_\_\_\_

Federal IRS Tax ID No.: \_\_\_\_\_

### SECTION 2: PROJECT INFORMATION

Project Title: \_\_\_\_\_

Project Location: \_\_\_\_\_

Brief Project Description: \_\_\_\_\_

\_\_\_\_\_

### SECTION 3: DETAILED PROJECT DESCRIPTION

*(maximum one page – 10 points)*

Provide a detailed description of the work to be completed including project goals, specific issues to be addressed, strategy for implementation and the anticipated timeframe for completion.

#### **SECTION 4: CREATIVITY, INNOVATION, AND ENGAGEMENT**

*(maximum one page – 20 points)*

Describe how the project is creative or innovative to the community including how the project implements any best practices. Also, describe the opportunities for and how the public will be engaged in the project.

## SECTION 5: PROJECT IMPACT

*(maximum one page – 35 points)*

Describe how the project will benefit the community and surroundings, what metrics will be used to define a successful project outcome, and how the community will implement or otherwise utilize the outcome of the project completed by County Planning.

## **SECTION 6: COMMUNITY NEED**

*(maximum one page – 35 points)*

Describe the need of the community for planning and technical services including demographic, economic, or other issues / changes that have or are impacting the community and how the results of the project will address that community need.

**SECTION 7: 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.

Community Name: \_\_\_\_\_

Mayor / Manager Signature: \_\_\_\_\_  
Signature Date

Printed Name / Title: \_\_\_\_\_

*Co-Applicant (if necessary)*

Community Name: \_\_\_\_\_

Mayor / Manager Signature: \_\_\_\_\_  
Signature Date

Printed Name / Title: \_\_\_\_\_

*Co-Applicant (if necessary)*

Community Name: \_\_\_\_\_

Mayor / Manager Signature: \_\_\_\_\_  
Signature Date

Printed Name / Title: \_\_\_\_\_

*Co-Applicant (if necessary)*

Community Name: \_\_\_\_\_

Mayor / Manager Signature: \_\_\_\_\_  
Signature Date

Printed Name / Title: \_\_\_\_\_

*Attach additional pages after this page (optional)*

