PY 2021 CUYAHOGA COUNTY HEALTHY URBAN TREE CANOPY GRANT PROGRAM WORK PLAN

PROJECT ID:	
APPLICANT:	
PROJECT NAME:	
NAME OF TREE PLANTING SUPERVISOR/CONTRACTOR:	
CONTACT INFORMATION OF TREE PLANTING SUPERVISOR/CONTRACTOR:	

PROJECT SUMMARY*: (Provide a brief project decription and summary of project deliverables below)

***Please attach Planting Plan or Planting Specifications if applicable.**

Planned Work Tasks and Schedule

DATE	ACTIVITY	Does this Require Cuyahoga Soil & Water Conservation District Approval (Y/N)