

Cuyahoga County Council

2079 East 9th Street, 8th Floor • Cleveland Ohio 44115 (216) 698-2010

COUNTY AMERICAN RESCUE PLAN ACT APPLICATION

APPLICANT INFORMATION:		
Name of Requesting Entity (City, Business, Non-Profit, etc.):		
Address of Requesting Entity:		
County Council District # of Requesting Entity:		
Address or Location of Project if Different than Requesting Entity:		
County Council District # of Address or Location of Project if Different than Requesting Entity:		
Contact Name of Person Filling out This Reques	t:	
Contact Address if different than Requesting Entity:		
Email:	Phone:	
Eman:	Phone:	
Federal IRS Tax Exempt No.:	Date:	
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PROJECT DESCRIPTION		
REQUEST DESCRIPTION (include the project name, a description of the project, why the project is important		
or needed, and timeline of milestones/tracking of the project):		
Project Start Date:	Project End Date:	
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IMPACT OF PROJECT:
Who will be served:
How many people will be served annually:
How many people was be served dimedily.
Will low/moderate income people be served; if so how:
How does the project fit with the community and with other ongoing projects:
If applicable, how many jobs will be created or retained (specify the number for each) and will the jobs be permanent or temporary:
jobs be permanent of temporary.
If applicable, what environmental issues or benefits will there be:
in applicable, what environmental issues of benefits will there be.
If applicable, how does this project serve as a catalyst for future initiatives:

FINANCIAL INFORMATION:
Total Budget of Project:
Other Funding Sources of Project (list each source and dollar amount separately):
Other Funding Sources of Project (list each source and donar amount separatery).
Total amount magnested of County Council Amountain Description Act Dellows
Total amount requested of County Council American Resource Act Dollars:
Since these are one-time dollars, how will the Project be sustained moving forward:
Since these are one time donars, now win the Project be sustained moving for ward.

DISCLAIMER INFORMATION AND SIGNATURE:		
Disclaimer:		
I HEREBY CERTIFY that I have the authority to apply for financial 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.		
I acknowledge and agree that all County contracts and programs are subject to Federal Guidelines and Regulations, the Ohio Revised Code, the Cuyahoga County Charter, and all County Ordinances including all information submitted as part of this application is a public record.		
I understand that any willful misrepresentation on this application or on any of the attachments thereto could result in a fine and/or imprisonment under relevant local, state, and/or federal laws or guidelines.		
I agree that at any time, any local, state, or federal governmental agency, or a private entity on behalf of any of these governmental agencies, can audit these dollars and projects.		
Printed Name:		
Signature:	Date:	
Additional Documents		
Are there additional documents or files as part o	f this application? Please list each documents name:	