

## Construction Excise Tax (CET) Planning Grants Cover Sheet

Project Name			pplicant rganization		
Contact Name			ddress		
Phone		Fa	ах		
Email		F€	ed. Tax ID #		
Fiscal Agent Organiza (if different from appl					
Contact Name		A	ddress		
Phone		Fa	ax		
Email					
Project Summary (50 v	words or less) ax Grant funding request	\$ \$	proposal, ple	g more than one ease rank this order of priority	Metro Council District of Project
	st that to the best of our knowl o's Construction Excise Tax Plai Organization Name	edge the information in this nning Grants Program.			ave authorization to submit this
	Printed Name				
	Signature				Date
Fiscal Agent	Organization Name Printed Name				
	Signature				Date

To ensure complete letter of intent or full application, please see SECTION 2 of the CET Application Handbook for a complete list of necessary documents for submittal.

Check one: Letter of Intent

Full Application