



# Equitable Housing Planning & Development Grant Cover Sheet

Check one:

Letter of

Interest

Full Application

Project Name	<input type="text"/>	Applicant Organization	<input type="text"/>
Contact Name	<input type="text"/>	Address	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>	Fed. Tax ID #	<input type="text"/>

Fiscal Agent Organization (if different from applicant)

Contact Name	<input type="text"/>	Address	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

Project Location Description (25 words or less)

Project Summary (50 words or less)

Equitable Housing funding request	\$ <input type="text"/>	If submitting more than one proposal, please rank this proposal in order of priority <input type="checkbox"/>	Metro Council District of Project <input type="checkbox"/>
Total project cost	\$ <input type="text"/>		

*We, the undersigned, attest that to the best of our knowledge the information in this application is true and that all signatories have authorization to submit this grant application to Metro's Construction Excise Tax Planning Grants Program.*

**Applicant**

Organization Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fiscal Agent**

Organization Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To ensure complete letter of interest or full application, please see pp. 13-14 of the Equitable Housing Grant Application Handbook for a complete list of necessary documents for submittal.**