

# Summit County Emergency Management Agency Special Projects Grant

## Intent to Apply

Applicant's Group Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Phone and Fax Numbers: \_\_\_\_\_

Brief description of project: \_\_\_\_\_

Cost Projection: \_\_\_\_\_

List alternative funding sources available:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Identify all phases of the following four Federal Emergency Management Agency's General Provisions under O.R.C. 5915.01, for which your project applies:

\_\_\_\_\_ Mitigation  
\_\_\_\_\_ Preparedness  
\_\_\_\_\_ Response  
\_\_\_\_\_ Recovery

- This project benefits the general population of Summit County.
- All applicants must have met all current NIMS requirements as established by federal and state guidelines.