Cass County Tourism – Capital Improvement Fund
INTENT TO APPLY

*Please **type** on this form or use this format on separate sheet in the order presented below. No handwritten applications will be accepted.*

Applicant: _____

Address: _____ **City** _____ **ST** _____ **ZIP** _____

Phone: _____ **Email address**: _____

Contact Person: _____

Contact Person Phone and/or Cell: _____

Are you Non-Profit: ☐ Yes ☐ No **Can you provide documentation**: ☐ Yes ☐ No

Non Profit ID#: _____

Project Name: _____

Total Project Cost: _____

Amount requested: (50% of approved expenses MAX) _____

Project Start Date: _____

Project Completion Date: _____

Project Description: _____

_____

_____

_____

_____

Will this grant be used to match other grants? *Please list all funding*. _____

_____

_____

For Office Use	**Rev103026**	
Date received: _____		
Form Complete:	Yes	No
Intent Approved:	Yes	No