Community Technical Assistance Program

Application

Date _____

Community Name _____

Submit this form and all invoices to:

Story County Planning and Development
900 6th Street
Nevada, Iowa 50201

Community Contact Information

Name _____

Phone _____ Email _____

Payable to:

Name_____ Address (City, State ZIP)

_____

Overview of Project

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Project Cost: _____

Amount Requested (from County): _____

Please attach all invoices.

For P&D office use only:

Date received:

_____

Signature of City Mayor