

PA

PENNSYLVANIA come invent the future

Single Application for Assistance

On-line at: www.inventpa.com

Commonwealth of Pennsylvania
Edward G. Rendell, Governor
www.state.pa.us

Department of Community and Economic Development
Dennis Yablonsky, Secretary
www.inventpa.com
June 2003





cation Number

COMMUNITY AND ECONOMIC DEVELOPMENT

Single Application for Assistance

I. PROFILES

Applicant/Sponsor			
Name:		CEO:	
CEO Title:		Address:	
City:		State:	
Zip:		FEIN:	
NAICS Code:		<input type="checkbox"/> For-Profit Corporation <input checked="" type="checkbox"/> Non-Profit Corporation	
Contact Name:		<input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	
Title:		Phone:	
Fax:		PA Revenue Tax Box #:	N/A
E-mail:		Internet Access:	Yes <input type="checkbox"/> No

Business Specifics	
Current # of Full-time Employees:	Pennsylvania _____ Worldwide _____
Minority Owned:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Woman Owned:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation	
<input type="checkbox"/> Limited Liability Corp <input type="checkbox"/> Limited Liability Partnership	
Total Sales	R&D Investment (% of budget) %
Total Export Sales	Employee Trng. Investment (% of budget) %

Company/Occupant	
Name:	CEO:
CEO Title:	Address:
City:	State:
Zip:	FEIN:
NAICS Code:	UC#
Contact Name:	Title:
Phone:	Fax:
E-mail:	Internet Access: <input type="checkbox"/> Yes <input type="checkbox"/> No

Beneficial Owner/Developer	
Name:	Address:
City:	State:
Zip:	FEIN:

II. PROJECT SITE LOCATION(S)

Site One:			
Address:		City:	
State:		Zip:	
County:		Municipality:	
PA House #:		PA Senate #:	
US Congressional #:			
Current # of Full-Time Employees at this Site:			
# of Full-Time Jobs to be Created at this Site:			
<input type="checkbox"/> Enterprise Zone <input type="checkbox"/> Brownfield <input type="checkbox"/> Act 47 Distressed Community <input type="checkbox"/> Keystone Opportunity Zone <input type="checkbox"/> Prime Agricultural Area <input type="checkbox"/> Uses PA Port			

III. PROJECT INFORMATION

Have you contacted anyone at DCED/GAT about your project? ☐ Yes ☐ No. If yes, indicate who.

Are you interested in a specific funding source? If so, indicate: _____

Project Name/Description (max. 60 characters) _____

Is this project related to another previously submitted project? ☐ Yes ☐ No

If yes, indicate previous project name _____

IV. TYPE OF ENTERPRISE (Check appropriate box or boxes)

<input type="checkbox"/> Advanced Technology	<input type="checkbox"/> Economic Dev. Provider	<input type="checkbox"/> Mining
<input type="checkbox"/> Agri-Processor	<input type="checkbox"/> Educational Facility	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Agri-Producer	<input type="checkbox"/> Emergency Responder	<input type="checkbox"/> Professional Services
<input type="checkbox"/> Authority	<input type="checkbox"/> Exempt Facility	<input type="checkbox"/> Recycling
<input type="checkbox"/> Biotechnology / Life Sciences	<input type="checkbox"/> Export Manufacturing	<input type="checkbox"/> Reg. & Nat. Headquarters
<input type="checkbox"/> Business Financial Services	<input type="checkbox"/> Export Service	<input type="checkbox"/> Research & Development
<input type="checkbox"/> Call Center	<input type="checkbox"/> Food Processing	<input type="checkbox"/> Retail
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Government	<input type="checkbox"/> Social Services Provider
<input type="checkbox"/> Commercial	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Tourism Promotion
<input type="checkbox"/> Community Dev. Provider	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Warehouse & Terminal
<input type="checkbox"/> Computer & Clerical Operators	<input type="checkbox"/> Industrial	
<input type="checkbox"/> Defense Related	<input type="checkbox"/> Manufacturing	
Please fill in when "Other" is specified.		

V. INDICATE BUDGET CATEGORY OF FINANCIAL ASSISTANCE REQUESTED (Check all appropriate boxes)

<input type="checkbox"/> Acquisition	<input type="checkbox"/> Infrastructure / Site Prep	<input type="checkbox"/> Operating Costs/Working Capital
<input type="checkbox"/> General Construction	<input type="checkbox"/> Machinery and Equipment	<input type="checkbox"/> Related Costs
		<input type="checkbox"/> Other Costs

VI. HOW WILL THE ASSISTANCE BE USED? (Check all appropriate boxes)

<input type="checkbox"/> Community Development/Revitalization	<input type="checkbox"/> Environmental	<input type="checkbox"/> Recreation
<input type="checkbox"/> Community Services	<input type="checkbox"/> Export - Domestic Trade (out of PA)	<input type="checkbox"/> Tax Credits
<input type="checkbox"/> Crime Prevention	<input type="checkbox"/> Export - International Trade (out of USA)	<input type="checkbox"/> Technology Development
<input type="checkbox"/> Economic Development/Revitalization	<input type="checkbox"/> Housing	<input type="checkbox"/> Tourism Promotion
<input type="checkbox"/> Education	<input type="checkbox"/> Planning	

VII. PROJECT BUDGET

Include all sources of funds and project costs. (Include monies not financed with DCED funds.)

Sources	(1)	(2)	(3)	(4)	Total
<i>Type of Financial Assistance</i>					
ACQUISITION					
<i>Land</i>					
<i>Buildings</i>					
Subtotal					
GENERAL CONSTRUCTION					
<i>New Construction</i>					
<i>Renovations</i>					
Subtotal					
INFRASTRUCTURE/ SITE PREPARATION					
<i>Roads & Streets</i>					
<i>Parking</i>					
<i>Water/Sewer</i>					

PROJECT BUDGET (continued)

Sources	(1)	(2)	(3)	(4)	Total
<i>Utilities</i>					
<i>Demolition</i>					
<i>Excavation/Grading</i>					
<i>Environmental Cleanup</i>					
Subtotal					
MACHINERY & EQUIPMENT					
<i>New Equipment Purchase</i>					
<i>Used Equipment Purchase</i>					
<i>Upgrade Existing</i>					
<i>Installation/Building Modification</i>					
<i>Vehicles</i>					
Subtotal					
OPERATING COSTS/ WORKING CAPITAL					
<i>Working Capital</i>					
<i>Salaries & Fringe Benefits</i>					
<i>Training & Technical Assistance</i>					
<i>Consumable Supplies</i>					
<i>Travel</i>					
<i>Promotion/Public Relations/Advertising</i>					
<i>Office Equipment</i>					
<i>Space Costs</i>					
<i>Audit</i>					
<i>Indirect Costs</i>					
Subtotal					

PROJECT BUDGET (continued)

<i>Sources</i>	<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>Total</i>
RELATED COSTS					
<i>Professional Services/Consultants</i>					
<i>Engineering</i>					
<i>Inspections</i>					
<i>Fees</i>					
<i>Insurance</i>					
<i>Environmental Assessment</i>					
<i>Legal Costs</i>					
<i>Closing Costs</i>					
<i>Contingencies</i>					
Subtotal					
OTHER					
Other					
Subtotal					
TOTAL					

VIII. BASIS OF COSTS (Check appropriate item)

- | | |
|---|---|
| <input type="checkbox"/> Appraisals | <input type="checkbox"/> Engineer Estimates |
| <input type="checkbox"/> Bids/Quotations | <input type="checkbox"/> Sales Agreements |
| <input type="checkbox"/> Contractor Estimates | <input type="checkbox"/> Budget Justification |

IX. PROJECT NARRATIVE

Attach a comprehensive description of this project. The narrative must specifically address each cost item identified in the project budget. In general, the narrative must include:

- A. Specific Problems to be Addressed or Improvement to be Financed
- B. Project Description
- C. Project Schedule, Key Milestones and Dates
- D. Documentation to Support Budget Costs

If applicable, include:

- E. Certifications or Assurances
- F. Planning/Zoning Letter

X. CERTIFICATION

I hereby certify that all information contained in this document and attachments are true and correct to the best of my knowledge. If I knowingly make a false statement or overvalue a security to obtain a grant and/or loan from DCED, I (company, entity and signer) may be subject to criminal prosecution.

Date: _____

Signature: _____

Print Name: Title: _____

Representing: _____

Address: _____

If this application is being submitted on behalf of another entity, a certification is also required for that entity.

Signature: _____

Print Name: Title: _____

Corporate Submissions Only:

Attested by: _____ (Signature of Corporate Secretary)

"I understand that in order to facilitate the submission of additional applications for this project on the Internet, information from this application (limited to the profile, project summary and site employment/projected jobs data) will be available to DCED Authorized Service Providers on the DCED Single Application web site, unless I have checked here ____ "

The Department of Community and Economic Development reserves the right to accept or reject any or all applications submitted on the Single Application for Assistance contingent upon available funding sources and respective applicant eligibility.