

Single Application for Assistance

On-line at: www.newPA.com | January 2006

> ready > set > succeed



INTRODUCTION

The Department of Community and Economic Development is pleased to introduce the Single Application for Assistance. The idea is simple. Through one form, applicants can apply for financial assistance from the Department's various funding sources. This approach to economic and community development features effective service and personal attention to the needs of our customers. It also reduces duplicative paperwork, facilitates the coordination of Department resources and allows our customers and department personnel to devote resources to what is important – creating jobs and building strong communities.

DCED encourages you to visit our web site and submit your Single Application for Assistance via on-line submission at:

www.newPA.com

Select the “Funding and Program Finder” bar on the home page.

Instructions for Page 1, Single Application for Assistance

I. PROFILES

Complete **only the applicable information** for the Applicant/Sponsor, Company/Occupant, and Beneficial/Owner sections for your project.

Applicant/Sponsor – Eligible entity completing and submitting the application. Applicant can be a business or corporation, non-profit organization, municipality, industrial authority, local development district, local government or licensed education agency. Depending on the type of project and potential funding source, an applicant/sponsor may be submitting the application on behalf of a company or occupant. Indicate the corporate structure of the applicant by selecting one of the following: For-profit corporation, Non-profit corporation, Government, Partnership or Sole Proprietorship. Please indicate your SAP Vendor Number (if known) for name standardization. If you applied for and received DCED funding in the past, you will have had a SAP Vendor Number assigned to you when you registered with SAP. Please use your company name as registered with SAP.

Business Specifics – Complete this section if there is a business involved in this project. On a separate sheet of paper, enter every additional FEIN used by the company and its affiliates to do business at the project site(s) specified on this application.

Company/Occupant – If the eligible company/occupant occupying the project site is different from the above listed applicant, complete the appropriate information for the company/occupant.

Beneficial Owner/Developer – In some projects there may be three entities involved: 1) applicant/sponsor, eligible entity that is submitting a single application to DCED, 2) company/occupant, entity seeking financial assistance to create or retain existing jobs, 3) beneficial owner/developer, entity that owns the assets to be financed.

Definitions of information requested –

Name – name of entity

CEO – Corporate Executive Officer for the entity

FEIN – Federal Employer Identification Number (9 digits)

NAICS Code – North American Industry Classification System Code

E-mail – electronic mail address

Contact name – person who prepared the application.

PA Revenue Tax Box Number – corporate (for-profit) tax number to conduct business in Pennsylvania

UC# – Unemployment Compensation Number

Current # of Full-time Employees

- in Pennsylvania

- Worldwide

Minority owned – Minority owned company – providing ethnicity is optional.

Woman owned – Woman owned company

Total Sales \$ – Total gross sales last year

Total Export Sales \$ – Total gross export sales last year (outside US)

R&D Investment (% of budget) – % of eligible company's revenue targeted for research & development last year

Employee Training Investment (% of budget) – % of eligible company's revenue targeted for employee training last year

SAP Vendor Number – Number assigned to you by the SAP Master Vendor Unit for any funding to be processed to you.

Application Number

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PA DEPARTMENT OF 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 type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	
Contact Name:			
Title:		Phone:	
Fax:		SAP Vendor #:	
E-mail:		PA Revenue Tax Box #:	
		Internet Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Business Specifics			
Current # of Full-time Employees:	Pennsylvania _____	Worldwide _____	
Minority Owned:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ethnicity (optional): _____	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:	

Instructions for Page 2, Single Application for Assistance

II. PROJECT SITE LOCATION (S)

Provide the actual address of the project site(s). In addition, include the county, municipality, Pennsylvania House and Senate District numbers, and the U. S. Congressional District number for each project site.

If the project involves the creation of new jobs or the retention of existing jobs within Pennsylvania, provide the following:

- Current number of full-time jobs at project site
- Number of full-time jobs to be created at project site.

Indicate if the project site is located in one or more of the following designated areas:

- DCED or Federal Enterprise Zone
- Brownfield Area
- Act 47 Distressed Community
- Keystone Opportunity Zone
- Prime Agricultural area
- Uses a PA Port for commerce

If this project involves more than one site, please provide the requested information for each site on an additional sheet of paper.

III. PROJECT INFORMATION

If you contacted a DCED representative to discuss funding for this project, indicate the name of the person(s) you have been working with. Providing this information will ensure smoother processing of your application.

Please indicate if you are applying for a specific funding source. If not, DCED will match your request with the source(s) it feels will best meet the needs of your project.

Provide a short project description/name.

If this project is related to a previously submitted project, please provide the project's name or contract number, if available.

IV. TYPE OF ENTERPRISE

Indicate the type of enterprise that will benefit from the requested financial assistance from DCED. If you are submitting on behalf of another entity, select the type of enterprise that best describes that entity (not your entity).

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.		

Instructions for Pages 3, 4, 5, Single Application for Assistance

V. FINANCIAL ASSISTANCE

Choose category of DCED financial assistance that this project is requesting.

NOTE: These categories are the same as those used in the Project Budget, section VII.

VI. USE OF FUNDS

Check the appropriate boxes to describe how the DCED financial assistance will be used in this project.

VII. PROJECT BUDGET

GENERAL INSTRUCTIONS: Indicate all sources of funds and project costs, including those not financed with DCED funds. At the top of the columns number (1) through (4), indicate the source of funds that will be used to pay for those items identified in the budget table. Under the source of funds, indicate the Type of Financial Assistance in the box, whether the funds are:

- Federal – public dollars (grants or loans) from the federal government;
- State – public dollars (grants or loans) from the Commonwealth of PA;
- Local – public dollars (grants or loans) from local government;
- Private – non-public dollars; or
- In-kind – other than cash assistance for the project.

Subtotal all of the line items within a category for each of the columns. **Do not use cents when calculating budget amounts.** Then add all of the Category subtotals for each of the columns to arrive at the Total for each source. Use column 5 as a Total for all sources of funding per line item. If your project has more than 4 sources of funding, feel free to duplicate the blank pages and renumber the columns.

If an amount is placed in any of the OTHER categories, you must specify what the money will be used for in the additional space or in the Project Narrative.

NOTE: If the application is approved, the project budget becomes a binding part of the legal contract between the applicant and the Department, so the projected figures must be accurate. Depending on the actual DCED funding source, additional detailed information also may be needed. Please reference the specific program guidelines for those requirements on the DCED web site at www.newPA.com.

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

Project Budget Instructions (con't.) - Single Application for Assistance

Examples of eligible activities for budget line items:

Acquisition: Purchase of land or buildings.

General Construction: Indicate new construction or renovation construction costs including plumbing, HVAC, electrical, etc.

Infrastructure/Site Preparation: Roads & streets, parking areas, water lines, sewer lines and connections, storm sewers, utilities, demolition, excavating/grading, environmental cleanup.

Machinery & Equipment: Purchase of new or used equipment, upgrade of existing equipment, modification of buildings to accommodate purchased equipment, vehicles.

Operating Costs / Working Capital:

- All funds that will be used for working capital purposes by the Company/ Occupant
- Salaries and fringe benefits
- Training and technical assistance costs
- Consumable supplies such as printing, office supplies, disposable equipment/supplies
- Travel, per diem, mileage, airfares, auto rentals
- Promotion/Public Relations/Advertising, (include costs associated with promotion and public relations activities such as brochures, maps, TV or radio time, print ads)
- Office equipment (include telephones, computers, software, copiers, fax machines)
- Space costs such as mortgage costs, rent, maintenance costs, utilities, trash
- Program audit costs
- Indirect costs

Related Costs:

- Professional services/consultants, include contracted program services
- Engineering
- Inspections
- Fees
- Insurance
- Environmental assessment costs
- Legal costs
- Closing costs
- Contingencies (identify the specific use of these funds.)

Other Costs:

- Items not previously specified by a line item in the Project Budget, such as bank fees, membership dues, subscriptions, etc. These costs must be identified in the project narrative or Budget Justification to be eligible expenditures.

PROJECT BUDGET (continued)

Sources	(1) DCED	(2)	(3)	(4)	<u>Total</u>
<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					

Instructions for Page 5, Single Application for Assistance

VIII. BASIS OF COSTS

Provide the basis for calculating the costs that are identified in the Project Budget.

IX. PROJECT NARRATIVE

On a separate sheet(s) of paper, provide a typewritten narrative that provides a detailed, comprehensive description of the project. The narrative must specifically address each of the cost items identified in the Project Budget section. **NOTE:** Some funding sources have specific guidelines regarding the narrative necessary to qualify for that particular DCED resource.

In general, the narrative must include:

- A. **Specific Problems to be Addressed or Improvements to be Financed.** Identify the problem(s) that need to be resolved. For projects involving a for-profit business, please provide a brief business background, such as: founding or incorporation date, historic background, product and marketing areas.
- B. **Project Description.** What do you plan to accomplish with this project? How do you plan to accomplish it? Include expected outcomes that are measurable, obtainable, clear and understandable, and valid. Examples of measurable outcomes include jobs created or retained, people trained, land or building acquired, housing units renovated or built, etc.
- C. **Projected Schedule and Key Milestones and Dates.** A detailed project schedule of activities, including key milestones and dates, must accompany this application.
- D. **Documentation to Support Budget Costs.** If required by the funding source, include the supporting documents that are checked under the Basis of Costs section of this application.

If applicable, include:

- E. **Certifications or Assurances.** If requesting a specific funding source, please include any specific certification and/or assurances that are required by that funding source.
- F. **Planning/Zoning Letter.** If the project involves infrastructure activities, provide a letter from the applicant or local planning agency certifying that the proposed project is in compliance with the comprehensive and land use plans and zoning and subdivision codes. If the project is not in compliance, explain the nature of the inconsistency and provide an estimated timetable for securing compliance or for securing any desired change.

PROJECT BUDGET (continued)

Sources	(1) DCED	(2)	(3)	(4)	Total
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

Instructions for Page 6, Single Application for Assistance

X. CERTIFICATION

This section certifies that the information provided in the application is true and correct to the best of the signer's knowledge. False information may subject the signer and company/entity to criminal prosecution.

Please date the application. An individual who is authorized to sign on behalf of the applicant/sponsor must sign the application prior to submission to DCED. Print or type his or her name and title below the signature. Enter the address of the entity represented. If you are requesting a specific funding that requires the authorized signature be attested, do so in the space provided.

MAIL COMPLETED APPLICATION TO:

Pennsylvania Department of Community and Economic Development
Commonwealth Keystone Building
400 North Street, 4th Floor
Harrisburg PA 17120-0225

**If you have questions on the Single Application,
contact DCED Customer Service Center at:**

1-866-GO-NEWPA (1-866-466-3972)

or 1-800-379-7448

e-mail: ra-dcedcs@state.pa.us

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.