



MUNICIPAL ASSISTANCE PROGRAM (MAP) –
SHARED SERVICES AND PLANNING
ELECTRONIC SINGLE APPLICATION

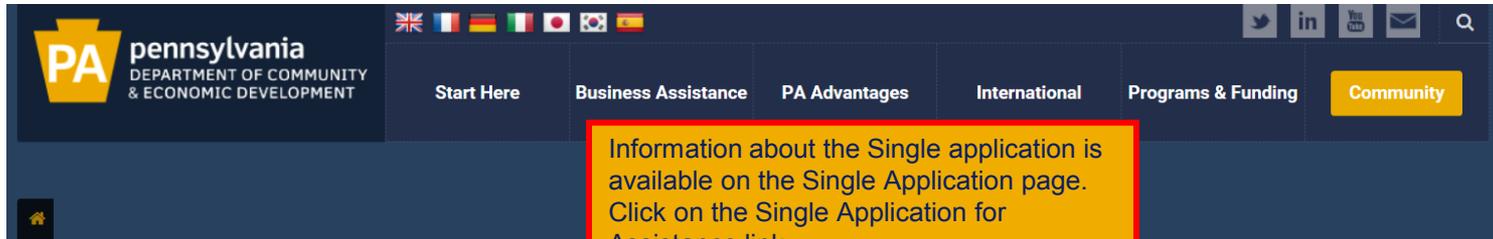
How Do I Apply for the Municipal Assistance Program (MAP) Shared Services and Planning program using the Electronic Single Application?

MAP SHARED SERVICES AND PLANNING

Go to DCED's website

The screenshot shows the website <http://www.newpa.com/> in a browser window. The page features the PA logo and the text "pennsylvania DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT". A navigation menu includes "Local Government", "Housing & Development", "Programs & Funding", "Business Assistance", "PA Advantages", and "About Us". The "Programs & Funding" menu item is circled in red. A red arrow points from a yellow box containing the text "Go to DCED's website" to the browser's address bar. Another red arrow points from a yellow box containing the text "This link will take you directly to the Single Application Web Page." to the "Single Application" link in the main content area. The main content area is divided into three columns: "Single Application" (with links for Commonwealth Financing Authority (CFA), Compliance Resources, Investment Tracker, Local Share Assessment (LSA) Reporting, and Archived Programs), "CEDO" (with links for Certified Economic Development Organizations, Search For Funding, and Quality Assurance), and "Most Viewed Programs" (listing Educational Improvement Tax Credit Program (EITC), Opportunity Scholarship Tax Credit Program (OSTC), Weatherization Assistance Program (WX), Multimodal Transportation Fund, and Community Development Block Grant (CDBG)).

This link will take you directly to the Single Application Web Page.



Single Application

Apply for funding through DCED's Single Application for Assistance

[Single Application](#)

Electronic Signature is here!

In an effort to streamline the application process for our customers, DCED will no longer require applicants to mail the signed signature page.

Note that you are still required to print and attach the signature page to any additional supplemental information required by the program office.

What is the Single Application?

The [Single Application for Assistance](#) allows the applicant to apply for various programs using one form while capturing specific program information needed to evaluate the project for possible funding. The application is designed to help applicants comprehend the program requirements up front and expedite the review process.

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Office of International Business Development

Economic Development

Local Government

[Sign Up!](#)

UPCOMING EVENTS

04 **First Step to Starting Your...**
SEP Friday 10:30 am - 1:00 pm

The screenshot shows the Pennsylvania login interface. At the top is the PA logo and the text 'pennsylvania STATE OF INNOVATION'. Below this are links for 'Help' and 'Contact Us'. The main content area is split into two columns. The left column contains a red-bordered box with the text: 'If you are a first time user, you must complete the two-step, one time registration which includes setting up the user name and password, and your Single Application information.' Below this box is a yellow 'REGISTER' button with a red arrow pointing to it from the box. Underneath the button is the text '(First Time User? Click the button above)'. Further down is a yellow 'FORGOT PASSWORD' button with the text '(Forgot Your Password? Click the button above)' below it. The right column is titled 'Login' in orange. It includes a section 'What's New?' with a link to 'Help'. Below this are two input fields: 'User Name' and 'Password'. A yellow 'LOGIN' button is positioned below the password field. A red-bordered box with the text 'Enter User Name and Password.' has a red arrow pointing to the password input field.

Single Application Registration Information

In order to use the Web Submission of Single Application for Assistance you must have a valid PA PowerPort user name and password. If you do not have a PA PowerPort profile, simply fill out the form below and press the "Submit" button. To help provide a more detailed and easier process while filling out your application we are asking for information that will help us provide you with the best possible programs and screens.

PA Login Information

◆ Required Fields

First Name: ◆

Last Name: ◆

Address: ◆

City: ◆

State: PA ◆

Zip Code: ◆

Email Address: ◆

User Name: ◆

Password: ◆

Confirm Password: ◆

Security Question: ◆

Security Answer: ◆

User Name – must be a unique user name. If the user name you are trying to use already exists, please select another.

Password – is case sensitive and requires a minimum of 8 characters that must include one of each of the following: uppercase letter, lowercase letter, number and symbol.

Security Question/Answer protects the identity of the account. The security answer is case sensitive.

Select Government or Non-Profit and click on the Submit button

This information will be used to accurately determine programs in which you would be an eligible applicant.

Single Application Information

Reset

Are You Applying As? For Profit Non Profit Government Other

SUBMIT

Single Application Information

This information becomes your User Settings. You **must** select "Government" and the Entity "Municipality" or "Non-Profit" and the Entity "Other" in order to apply for MAP Shared Services and Planning. The Entity Type will change based upon selection Government vs. Non-Profit.

Reset

Are You Applying As? For Profit Non Profit Government Other

Entity/Company Type: PA Legislative Office
 Authority
 Municipality
 Other Government

Federal Employers Identification Number (FEIN) Or SSN: ◆ **Enter the valid FEIN.**

[Vendor Registration](#) To apply for a SAP Vendor Number please click the link

SAP Vendor #:
(xxxxxx or xxxxxx-xxx)

Entity/Company Name: ◆

CEO: ◆

CEO Title: ◆

Application Contact Name: ◆

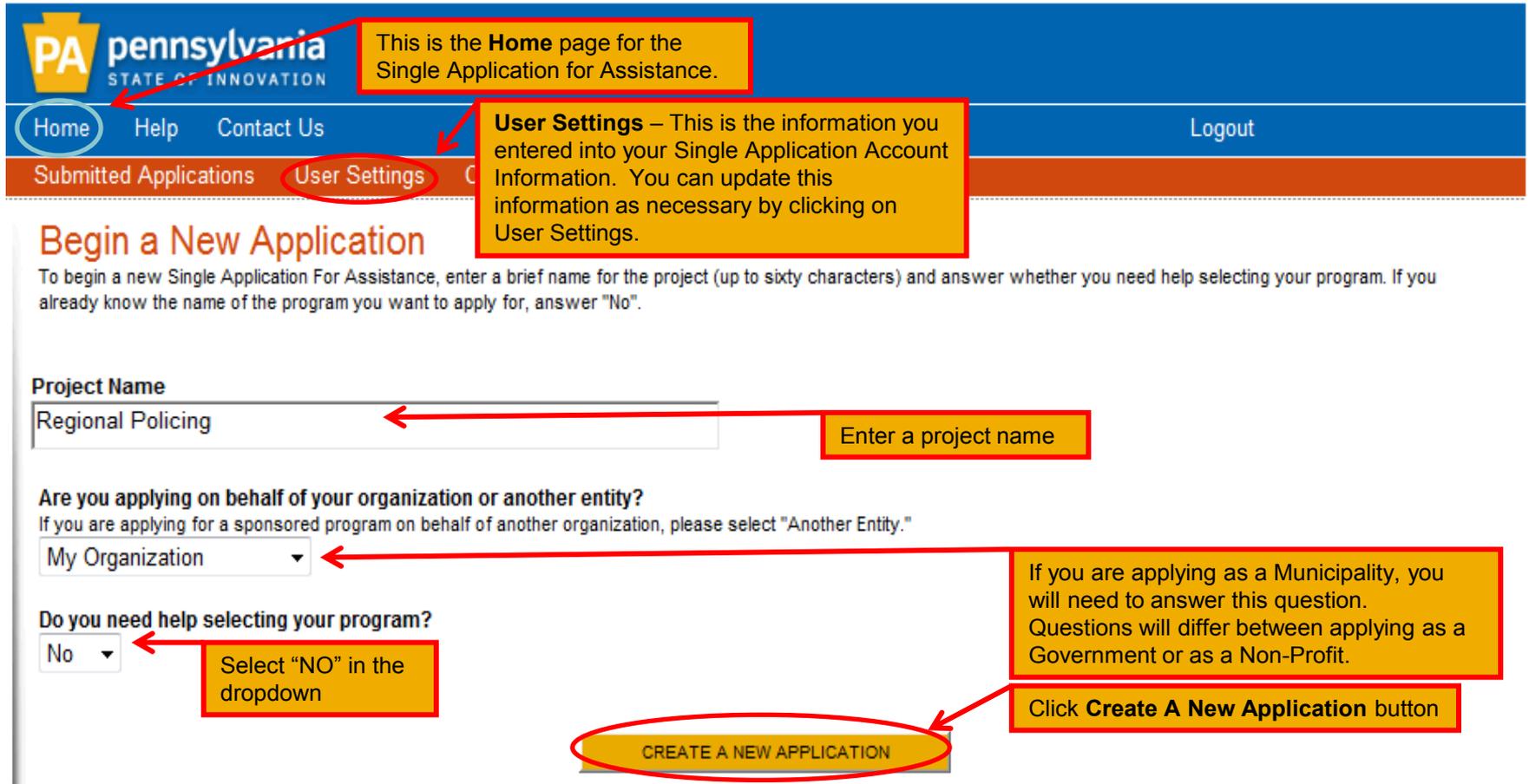
Title of the Contact person

Phone: Ext.
(xxx-xxx-xxxx)

E-mail:
(if different from above)

SUBMIT

Application contact information is not a required field; however, please provide it. If this information is added, it will populate into the application if you select that option on the applicant tab.



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Home Help Contact Us Logout

Submitted Applications **User Settings**

Begin a New Application

To begin a new Single Application For Assistance, enter a brief name for the project (up to sixty characters) and answer whether you need help selecting your program. If you already know the name of the program you want to apply for, answer "No".

Project Name
Regional Policing

Are you applying on behalf of your organization or another entity?
If you are applying for a sponsored program on behalf of another organization, please select "Another Entity."
My Organization

Do you need help selecting your program?
No

CREATE A NEW APPLICATION

This is the **Home** page for the Single Application for Assistance.

User Settings – This is the information you entered into your Single Application Account Information. You can update this information as necessary by clicking on User Settings.

Enter a project name

If you are applying as a Municipality, you will need to answer this question. Questions will differ between applying as a Government or as a Non-Profit.

Select "NO" in the dropdown

Click **Create A New Application** button

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Submitted Applications User Settings Customer Service

Begin a New Application

To begin a new Single Application For Assistance, enter a brief name for the project (up to sixty characters) and answer whether you need help selecting your program. If you already know the name of the program you want to apply for, answer "No".

Project Name

Do you need help selecting your program?

Are you applying for assistance as outlined in a signed and accepted offer letter from the Governor's Action Team (GAT)?

Any incomplete applications not submitted to DCED will be listed under **Incomplete Applications**. You have the option to edit or withdraw the application. Note: If you withdraw the application, it will be deleted.

CREATE A NEW APPLICATION

Click **Edit** to open the incomplete application

Click **Withdraw** to delete an incomplete application

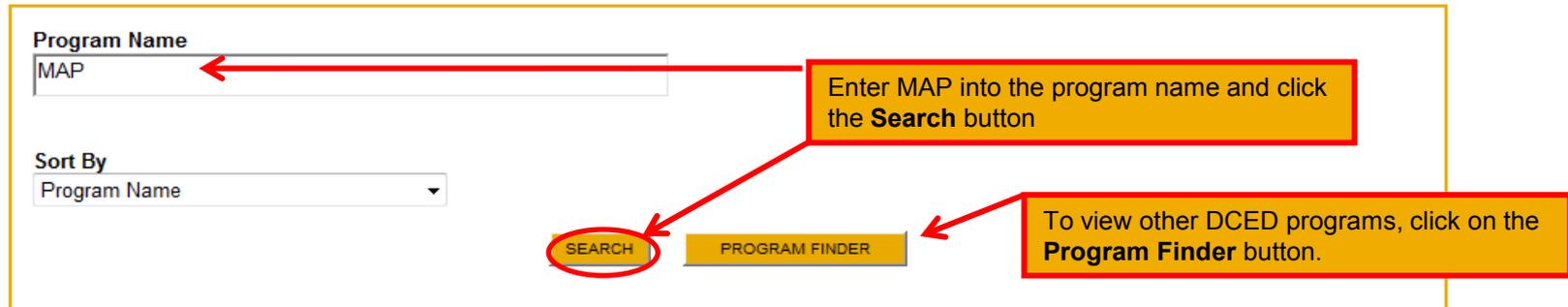
Incomplete Applications

Incomplete applications will be automatically withdrawn by DCED one year of inactivity.

Id	Applicant/Company	Project Name	Program	Updated		
8029647		Opportunity Scholarship Test Application 2	Opportunity Scholarship Tax Credit	1/8/2013	EDIT	WITHDRAW

Select Program

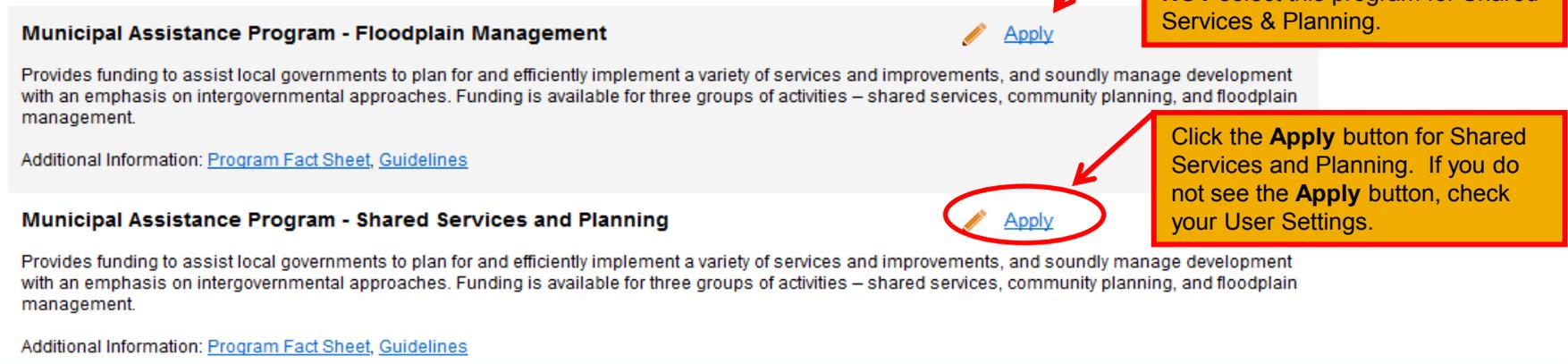
To search for programs based on your organization and/or project, click the Program Finder button below.



2 results. ([Edit Search](#))

Search Results

Below is an alphabetical listing of all DCED programs matching the search criteria above. If you are eligible to apply, click the Apply link to select the program.



Municipal Assistance Program - Floodplain Management 

Provides funding to assist local governments to plan for and efficiently implement a variety of services and improvements, and soundly manage development with an emphasis on intergovernmental approaches. Funding is available for three groups of activities – shared services, community planning, and floodplain management.

Additional Information: [Program Fact Sheet](#), [Guidelines](#)

Municipal Assistance Program - Shared Services and Planning 

Provides funding to assist local governments to plan for and efficiently implement a variety of services and improvements, and soundly manage development with an emphasis on intergovernmental approaches. Funding is available for three groups of activities – shared services, community planning, and floodplain management.

Additional Information: [Program Fact Sheet](#), [Guidelines](#)



The application saves information as you click from tab to tab; however, if you step away from your computer for a period of time, click **Save**.

The option to **Print** the application is available once the program is selected.

The program name will be visible.

Optional – To populate the application with the information you entered into your User Settings, click the **Use Account Information** button.

Applicant Information

To copy your Registration information into the application, click the "Use Account Information" button below.

USE ACCOUNT INFORMATION

Applicant Entity Type:

- Limited Liability Partnership
- Partnership
- Government
- Non-Profit Corporation
- Sole Proprietorship
- Limited Liability Company
- S Corporation
- C Corporation

Applicant Name:

NAICS Code

FEIN/SSN Number

(xxxxxxxx)

CEO:

CEO Title:

SAP Vendor #:

(xxxxxx or xxxxxx-xxx)

Contact Name:

Contact Title:

Phone: Ext.

Fax:

E-mail:

NAICS Code – This field does not populate from User Settings. A dropdown box will appear when the entity type is selected to help you select the NAICS Code; continue to make selections until a 4-digit number appears in the box.

The **Enterprise Type** field does not populate from User Settings. Please check all that apply. County and municipal governments may check only Government.

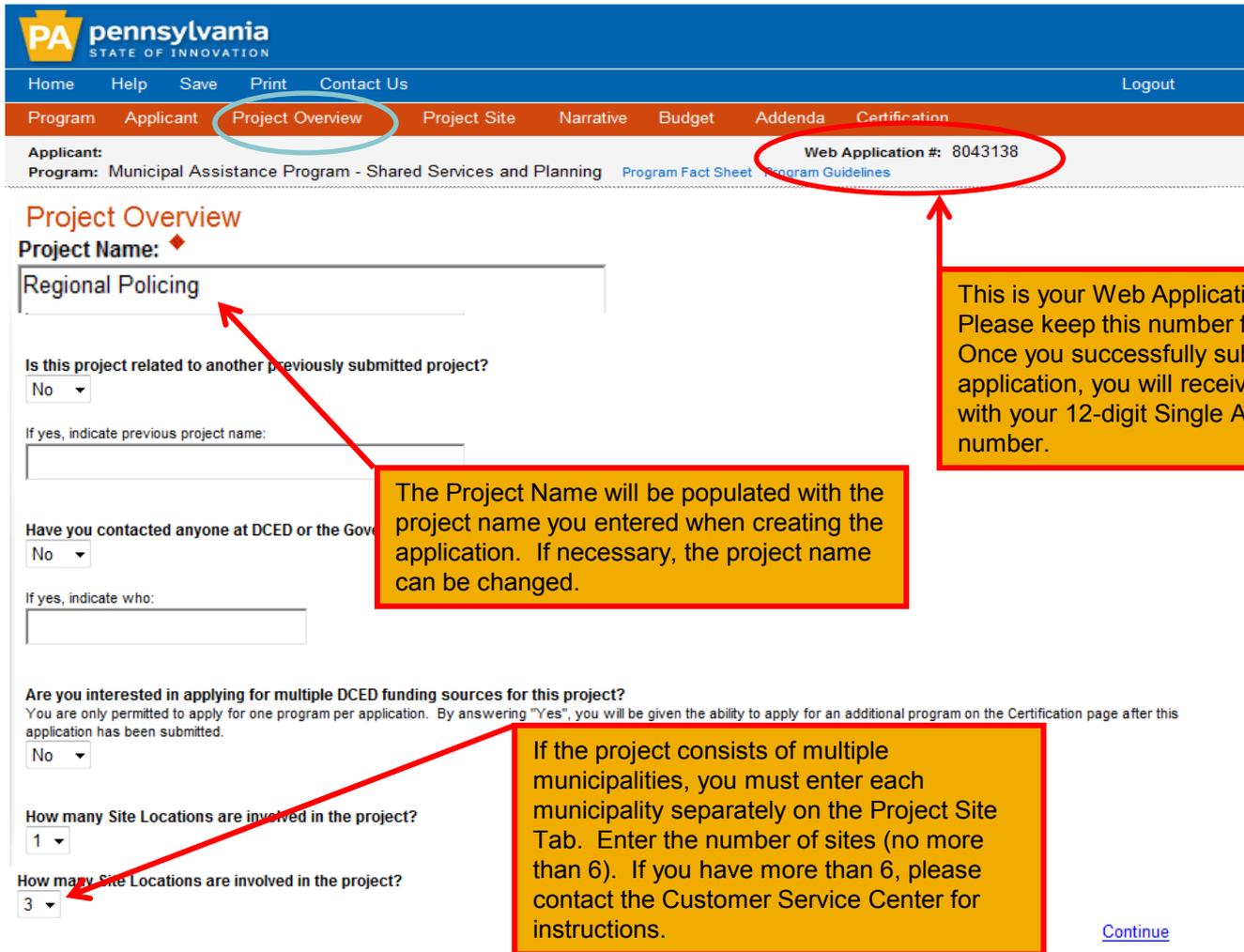
Enterprise Type

Indicate the types of enterprises that describe the organization listed above. You may select more than one type. ◆

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

Continue – This will move you through the application page by page.

[Continue](#)



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Program Applicant **Project Overview** Project Site Narrative Budget Addenda Certification

Applicant: **Web Application #: 8043138**
Program: Municipal Assistance Program - Shared Services and Planning [Program Fact Sheet](#) [Program Guidelines](#)

Project Overview

Project Name:

Is this project related to another previously submitted project?

If yes, indicate previous project name:

Have you contacted anyone at DCED or the Governor's Office?

If yes, indicate who:

Are you interested in applying for multiple DCED funding sources for this project?
You are only permitted to apply for one program per application. By answering "Yes", you will be given the ability to apply for an additional program on the Certification page after this application has been submitted.

How many Site Locations are involved in the project?

How many Site Locations are involved in the project?

[Continue](#)

Callout 1: This is your Web Application number. Please keep this number for reference. Once you successfully submit the application, you will receive confirmation with your 12-digit Single Application number.

Callout 2: The Project Name will be populated with the project name you entered when creating the application. If necessary, the project name can be changed.

Callout 3: If the project consists of multiple municipalities, you must enter each municipality separately on the Project Site Tab. Enter the number of sites (no more than 6). If you have more than 6, please contact the Customer Service Center for instructions.

The number of site tabs is determined by the number entered on the Project Overview Tab. To add additional site tabs, return to the Project Overview Tab and select the correct number of sites. To delete site tabs, click the **Delete Site** button at the bottom of the site to be deleted.

Select the **County** and **Municipality** in which the applicant's project is located. If the project consists of multiple municipalities, each one must be entered separately. See the Project Overview Tab.

The County and Municipality selections determine the Legislators that appear. If more than one selection is possible, you will need to select the Legislator.

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Program Applicant Project Overview Project Site **Narrative** Budget Addenda Certification

Applicant: **Program: Municipal Assistance Program - Shared Services and Planning** Web Application #: 8043138

[Program Fact Sheet](#) [Program Guidelines](#)

Project Narrative

Adequate answers to the Project Narrative questions below are required; a minimum of 100 characters has been established for each answer. Uploaded attachments or mailed documents are no longer permitted in this section of the application. If a more detailed narrative is required for the Program selected, instructions will either be provided in the Program Addenda section or the Program Guidelines.

What do you plan to accomplish with this project? ♦
Identify the problem(s) that need to be resolved.
Character Count: 0/1000 characters

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.
Character Count: 0/1000 characters

How do you plan to use the DCED funds? ♦
Should include specific use of DCED funds and reflect the budget provided with the application.
Character Count: 0/1000 characters

Projected Schedule and Key Milestones and Dates
A detailed schedule of activities, including key milestones and dates, must accompany this application if applicable to the project.
Character Count: 0/1000 characters

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Program Applicant Project Overview Project Site Narrative **Budget** Addenda Certification

Applicant: Web Application #: 8043138
Program: Municipal Assistance Program - Shared Services and Planning [Program Fact Sheet](#) [Program Guidelines](#)

Program Budget

Please see the [Help](#) section for details on how to complete the Program Budget.

Funding Sources Spreadsheet Basis of Cost

MAP – Shared Services and Planning specific budget instructions

This program requires a 50% match by the grantee, which must be reflected in the budget below. (See program guidelines for acceptable forms of match and specific budget instructions.) If the listed line items do not match proposed project activities, create additional line items under "Other."

The budget narrative must describe and support the line item expenditures in the spreadsheet. All community planning applications and other applications involving consulting services requires an itemized scope of services describing the nature or scope of consulting services and expected results or deliverables. This additional file can be uploaded in the "Addenda" section of the application.

Additional Project Funding Sources

The Single Application for Assistance requires a comprehensive budget of the entire project's costs. Please indicate all sources of funding with the DCED Program selected. Each Funding Source listed below will create a separate column in the Program Budget Spreadsheet.

Additional Funding Source 1:	<input type="text" value="XYZ Township"/>	Local
Additional Funding Source 2:	<input type="text" value="ABC Township"/>	Local
Additional Funding Source 3:	<input type="text"/>	

Enter match sources and select the type from the dropdown. Columns will be created in the spreadsheet which will require a dollar amount for each match source.

Program Budget

Please see the [Help](#) section for details on how to complete the Program Budget.

Funding Sources **Spreadsheet** Basis of Cost

Match sources identified in the Funding Sources tab

Budget Spreadsheet

The first column indicates the amount of funding you are requesting from DCED. To add, edit, or remove the spreadsheet columns, please see the [Funding Sources](#) tab. After completing the budget, please complete the [Basis of Cost](#) tab. Included is a Budget Narrative where you can provide a more detailed description of specific line items.

Line items under each category can be expanded or collapsed by clicking the plus (+) or minus (-) next to the category.

	Municipal Assistance Program - Shared Services and Planning	XYZ Township (Local)	ABC Township (Local)	Total
+ Acquisition	0	0	0	0
+ General Construction	0	0	0	0
+ Infrastructure / Site Preparation	0	0	0	0
- Machinery & Equipment	102,000	25,500	0	127,500
New Equipment Purchase	80,000	20,000	0	100,000
Used Equipment Purchase	0	0	0	0
Upgrade Existing	0	0	0	0
Installation/Building Modification	0	0	0	0
Vehicles	22,000	5,500	5,500	33,000
+ Working Capital	0	0	0	0
+ Operating Costs	0	0	0	0
+ Related Costs	0	0	0	0
+ Other	0	0	0	0
Grand Totals	102,000	25,500	25,500	153,000

Enter amounts into the appropriate line item categories. If line items do not match proposed project activities, create new line items under Other. To enter additional line items, click in the space and begin typing.

Amount requested from DCED

Program Budget

Please see the [Help](#) section for details on how to complete the Program Budget.

[Funding Sources](#) | [Spreadsheet](#) | **[Basis of Cost](#)**

Basis of Cost

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

- Appraisals
- Budget Justification
- Engineer Estimates
- Bids/Quotations
- Contractor Estimates
- Sales Agreements

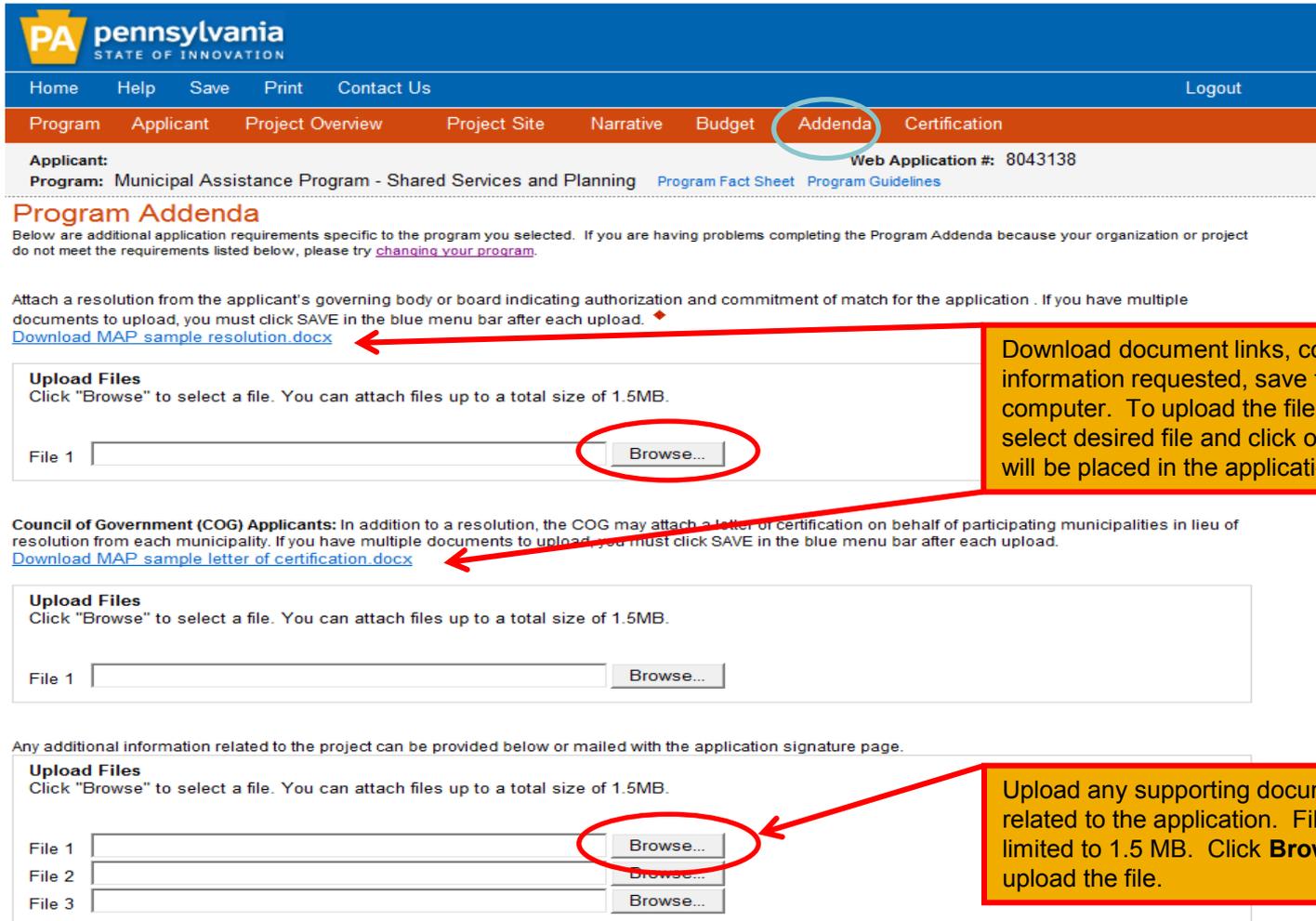
Select the appropriate basis of cost

Budget Narrative

The narrative must specifically address each of the cost items identified in the Budget Spreadsheet.
Character Count: 0/2000

Briefly describe the nature/type of expenditures for each line item having expenditures in the Spreadsheet Tab

[Continue](#)



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Program Applicant Project Overview Project Site Narrative Budget **Addenda** Certification

Applicant: **Web Application #: 8043138**
Program: Municipal Assistance Program - Shared Services and Planning [Program Fact Sheet](#) [Program Guidelines](#)

Program Addenda

Below are additional application requirements specific to the program you selected. If you are having problems completing the Program Addenda because your organization or project do not meet the requirements listed below, please try [changing your program](#).

Attach a resolution from the applicant's governing body or board indicating authorization and commitment of match for the application. If you have multiple documents to upload, you must click **SAVE** in the blue menu bar after each upload.
[Download MAP sample resolution.docx](#)

Upload Files
Click "Browse" to select a file. You can attach files up to a total size of 1.5MB.

File 1

Council of Government (COG) Applicants: In addition to a resolution, the COG may attach a letter of certification on behalf of participating municipalities in lieu of resolution from each municipality. If you have multiple documents to upload, you must click **SAVE** in the blue menu bar after each upload.
[Download MAP sample letter of certification.docx](#)

Upload Files
Click "Browse" to select a file. You can attach files up to a total size of 1.5MB.

File 1

Any additional information related to the project can be provided below or mailed with the application signature page.

Upload Files
Click "Browse" to select a file. You can attach files up to a total size of 1.5MB.

File 1
File 2
File 3

Download document links, complete the information requested, save the file to your computer. To upload the file, click **Browse**, select desired file and click open. The file will be placed in the application.

Upload any supporting documentation related to the application. File size is limited to 1.5 MB. Click **Browse** to upload the file.

Applicant:
Program: Municipal Assistance Program - Shared Services and Planning [Program Fact Sheet](#) [Program Guidelines](#) **Web Application #:** 6043138

Application Certification

The following sections are incomplete. All required fields marked with a red diamond (♦) must be completed before you are able to submit this application to DCED:

Applicant

- ♦ Entity Type is required.
- ♦ Applicant Name is required.
- ♦ NAICS Code is not a valid four digit code.
- ♦ FEIN Number is required.
- ♦ Ceo is required.
- ♦ Ceo Title is required.
- ♦ Contact Name is required.
- ♦ Contact Title is required.
- ♦ Phone Number must be a valid phone number, please use "-" instead of spaces. Must include area code xxx-xxx-xxxx.
- ♦ Phone Number is required.
- ♦ Mailing Address is required.
- ♦ City is required.
- ♦ Zip Code is required.
- ♦ Enterprise Type is required.
- ♦ Applicant Information has not saved correctly

Project Site Location(s)

- ♦ Project Site 1: County is required.
- ♦ Project Site 1: Municipality is required.
- ♦ Project Site 1: PA House District is required.
- ♦ Project Site 1: PA Senate District is required.
- ♦ Project Site 1: US Congressional House District is required.

Project Narrative

- ♦ Identified Problem is required.
- ♦ Project Plan is required.
- ♦ Use of Funds is required.

Click the links to go directly to the tab where required information is missing.

Fields marked with a red diamond are required throughout the application. Any missing information in the required fields will be displayed. The Submit Application button will only be visible if all the required information has been entered.

The screenshot shows the top navigation bar of the Pennsylvania application portal. It features the state logo and the text 'pennsylvania STATE OF INNOVATION'. Below this is a blue bar with links for 'Home', 'Help', 'Save', 'Print', 'Contact Us', and 'Logout'. A red bar below contains the main navigation menu with items: 'Program', 'Applicant', 'Project Overview', 'Project Site', 'Narrative', 'Budget', 'Addenda', and 'Certification'. The 'Certification' link is circled in light blue. Below the navigation bar, the page header shows 'Applicant: [redacted]' and 'Web Application #: 8043138'. The 'Program' is identified as 'Municipal Assistance Program - Shared Services and Planning', with links to 'Program Fact Sheet' and 'Program Guidelines'.

Application Certification

All of the required sections of the web application have been completed. If you have reviewed the application, you may submit it to DCED for processing. **After submitting, you will no longer be able to make changes.**

Once the application has been submitted, you will see a confirmation page. If you do not see the confirmation page, please contact DCED Customer Service at 1-800-379-7448.

Along with the web application, it is also necessary that you sign a copy of the signature page and mail it to DCED along with any paper supporting documents. You will be given an opportunity to print the signature page along with a copy of the application immediately after you submit.

If you currently do not have a printer available or you wish to print the page later, you may print your submitted application from the Home page. Click the link labeled "Submitted Applications" in the top toolbar. This will display a page of all the applications you have submitted in the new Single Application for Assistance.



The **Submit Application** button will appear after all the required information is in the application. You **MUST** click the **Submit Application** button to electronically submit the application to DCED.

The screenshot shows the 'Application Certification' page. At the top, the 'Web Application ID # displayed' is 8043138. Below this, the 'Single Application ID #' is 201305242116. The page provides instructions on how to sign and mail the application, including a list of contact information for the Pennsylvania Department of Community and Economic Development. There are three callout boxes with red arrows pointing to specific elements: the Web Application ID, the Single Application ID, and the mailing address.

Web Application ID # displayed.

Home Help Save Print Contact Us Logout

Program Applicant Project Overview Project Site Narrative Budget Addenda Certification

Applicant: Web Application #: 8043138
Program: Municipal Assistance Program - Shared Services and Planning [Program Fact Sheet](#) [Program Guidelines](#)

Application Certification

Single Application ID #: 201305242116

The web application has been successfully submitted to DCED for processing. It is necessary that you sign a copy of the signature page and mail it to DCED along with any paper supporting documents.

The signature page may also be printed now. You may also print submitted applications from the Home page. Click the link labeled "Submitted Applications" in the top toolbar.

[Print Signature Page only](#)

[Print Entire Application with Signature Page](#)

The signature page along with any paper supporting documents can be mailed to the following address:

**Pennsylvania Department of Community and Economic Development
Commonwealth Keystone Building
Attn: Customer Service Center
400 North Street, 4th Floor
Harrisburg, PA 17120-0225**

Mail the signed signature page to the address shown.

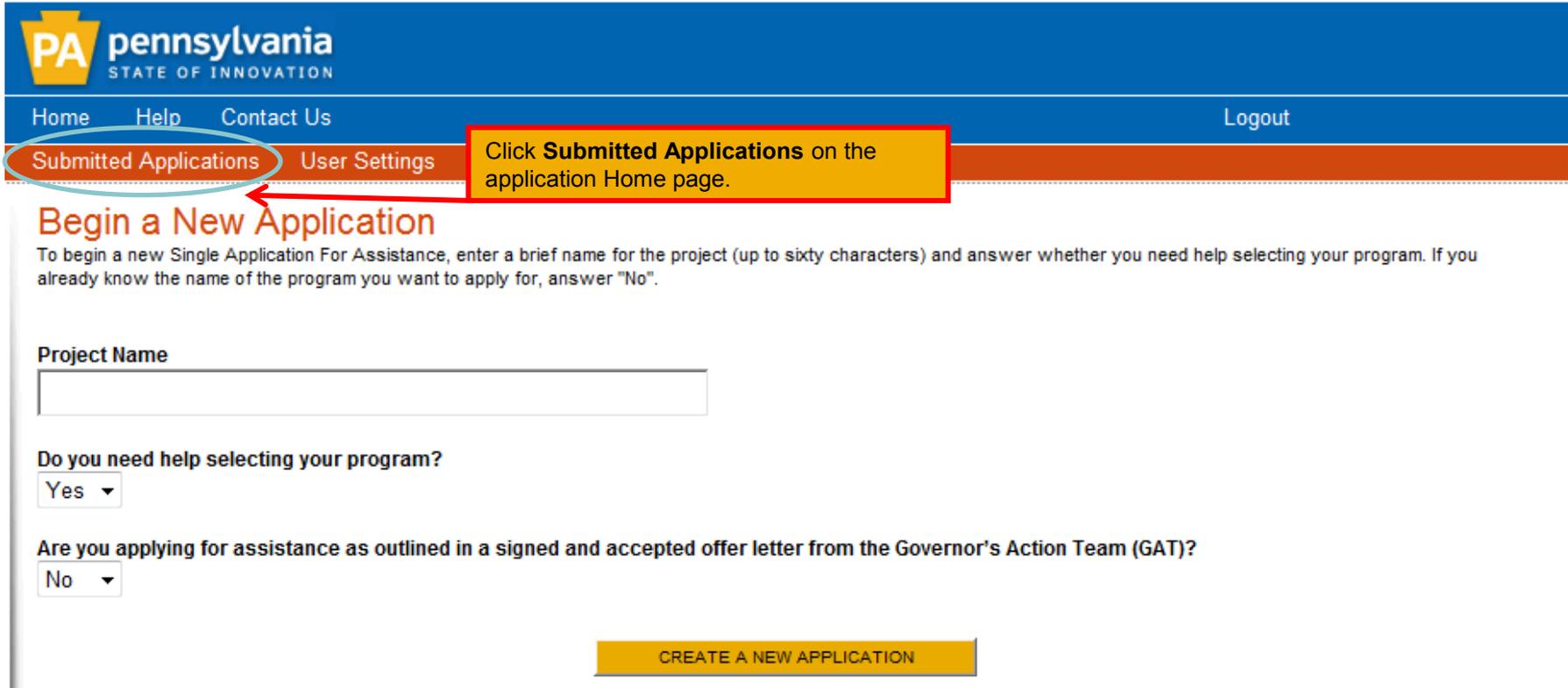
Would you like to apply for another program for this project? If so, click the button below

ADD FUNDING TO THIS PROJECT

Applicant can no longer make electronic changes after the application has been submitted.

Contact the Customer Service Center at 1-800-379-7448.

Customer Service or the program office will make the necessary changes to the application based on the status of the application.



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Home Help Contact Us Logout

Submitted Applications User Settings

Click **Submitted Applications** on the application Home page.

Begin a New Application

To begin a new Single Application For Assistance, enter a brief name for the project (up to sixty characters) and answer whether you need help selecting your program. If you already know the name of the program you want to apply for, answer "No".

Project Name

Do you need help selecting your program?

Yes ▾

Are you applying for assistance as outlined in a signed and accepted offer letter from the Governor's Action Team (GAT)?

No ▾

CREATE A NEW APPLICATION

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Home Help Contact Us Logout

Submitted Applications User Settings Customer Service

Submitted Applications

Enter the Web Application number or the 12-digit Single Application number and click **Search**.

Search:

Multiple pages may exist.

Id	Single App	Applicant/Company	Project Name	Program	Uid	
8025968	201208078112	Collier Test Company	TEST APPLICATION	Opportunity Scholarship Tax Credit	8025968	1 2 <input type="button" value="VIEW"/>
8028614	201211078917	Collier Test Company	sdsdfdsfsfd	Pennsylvania First	8028614	<input type="button" value="VIEW"/>
8029030	201212049080	Collier Test Company	TEST APPLICATION	Community Services Block Grant (CSBG) - Discretionary	8029030	<input type="button" value="VIEW"/>

All Applications submitted to DCED by the user will be displayed.

Click **View** button

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Home Help Print Contact Us Logout

Program Project Overview **Addenda** Certification

Applicant:
Program: Municipal Assistance Program - Shared Services and Planning Program Fact Sheet Program Guidelines **Web Application #: 8043138**

Application Certification

Single Application ID #: 201305242116

The web application has been successfully submitted to DCED for processing. It is necessary that you sign a copy of the signature page and mail it to DCED along with any paper supporting documents.

The signature page may also be printed now. You may also print submitted applications from the Home page. Click the link labeled "Submitted Applications" in the top toolbar.

[Print Signature Page only](#)

[Print Entire Application with Signature Page](#)

The signature page along with any paper supporting documents can be mailed to the following address:

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

Would you like to apply for another program for this project? If so, click the button below

ADD FUNDING TO THIS PROJECT

Contact the Customer Service Center
if you need assistance at
1-800-379-7448.