Neighborhood Assistance Program (NAP)  
Electronic Single Application  

May, 2013
NAP Application

NAP Program
Fiscal Year 2013-14

• Applications accepted beginning July 1, 2013.

• Updated guidelines will be posted on www.newpa.com.

• All applications must be submitted electronically.
How Do I Apply for the Neighborhood Assistance Program (NAP) tax credit using the Electronic Single Application?
This link will take you directly to the Single Application Web Page.

Information on all DCED Programs and How to Apply can be found by clicking this button.
Information about the Single application is available on the Single Application page. Click on the Single Application for Assistance link.
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.

Important Note: If you registered in the old Single Application, you should not Register again. Please login with your current User Name and Password to update your Account information.

(First Time User? Click the button above)

(Forgot Your Password? Click the button above)

Enter User Name and Password.
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 Non Profit if applying for NAP, SPP, NPP, CFP

Select For Profit if applying for EZP

This information will be used to accurately determine programs in which you would be an eligible applicant.
This information becomes your User Settings. You must select “For Profit” in order to apply for EZP and “Non Profit” for NAP, SPP, NPP, CFP. The Entity Type will change based upon selection of For Profit vs. Non Profit.

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

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

Select “NO” in the dropdown

Are you applying for assistance as outlined in a signed and accepted offer letter from the Governor’s Action Team (GAT)?
No

Enter “NAP FY 13/14”

Click Create A New Application button

CREATE A NEW APPLICATION
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.
The option to Print the application is available once the program is selected.

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.
Enter NAP into the program name and click the Search button.

To view other DCED programs, click on the Program Finder button.

Click the Apply link to begin application.
Choose which NAP program you want to apply for by clicking Select. 
**Note:** NAP-EZP will not be displayed, it is a separate program.
Optional – To populate the application with the information you entered into your User Settings, click the Use Account Information button.

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.

### Enterprise Type

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

<table>
<thead>
<tr>
<th>Advanced Technology</th>
<th>Agri-Processor</th>
<th>Agri-Producer</th>
<th>Authority</th>
<th>Biotechnology / Life Sciences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Financial Services</td>
<td>Call Center</td>
<td>Child Care Center</td>
<td>Commercial</td>
<td>Community Dev. Provider</td>
</tr>
<tr>
<td>Exempt Facility</td>
<td>Export Manufacturing</td>
<td>Export Service</td>
<td>Food Processing</td>
<td>Government</td>
</tr>
<tr>
<td>Healthcare</td>
<td>Hospitality</td>
<td>Industrial</td>
<td>Manufacturing</td>
<td>Mining</td>
</tr>
<tr>
<td>Other</td>
<td>Professional Services</td>
<td>Recycling</td>
<td>Regional &amp; National Headquarters</td>
<td>Research &amp; Development</td>
</tr>
<tr>
<td>Retail</td>
<td>Social Services Provider</td>
<td>Tourism Promotion</td>
<td>Warehouse &amp; Terminal</td>
<td></td>
</tr>
</tbody>
</table>

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

The Project Name will be populated with the project name you entered when creating the application. If necessary, the project name can be changed.
Select the County and Municipality based where the business is located. Out-of-state companies should select Statewide Project.

The County and Municipality selections determine the Legislators that appear. If more than one selection is possible, you will need to select the Legislator.
Program Fact Sheet and Program Guidelines are available for review by clicking the links.

Minimum characters allowed is 100 and the maximum characters allowed is 1,000.
NAP Application

Program Budget

Please see the Help section for details on how to complete the Program Budget.

Additional Project Funding Sources

The Single Application for Assistance requires a comprehensive budget of the entire project's costs. Please indicate all sources of funds and project costs that are not being financed with the DCED Program selected. Each Funding Source listed below will create a separate column in the Program Budget Spreadsheet.

<table>
<thead>
<tr>
<th>Additional Funding Source</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1:</td>
<td></td>
</tr>
<tr>
<td>2:</td>
<td></td>
</tr>
<tr>
<td>3:</td>
<td></td>
</tr>
<tr>
<td>4:</td>
<td></td>
</tr>
<tr>
<td>5:</td>
<td></td>
</tr>
</tbody>
</table>
### Program Budget

Please see the link section for details on how to complete the Program Budget.

**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.

<table>
<thead>
<tr>
<th>Neighborhood Assistance Program (NAP)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquisition</td>
<td>0</td>
</tr>
<tr>
<td>+ General Construction</td>
<td>0</td>
</tr>
<tr>
<td>- Infrastructure / Site Preparation</td>
<td>0</td>
</tr>
<tr>
<td>+ Machinery &amp; Equipment</td>
<td>0</td>
</tr>
<tr>
<td>+ Working Capital</td>
<td>0</td>
</tr>
<tr>
<td>- Operating Costs</td>
<td>0</td>
</tr>
<tr>
<td>Salary/Fringe Benefits</td>
<td>0</td>
</tr>
<tr>
<td>Training/Technical Assistance</td>
<td>0</td>
</tr>
<tr>
<td>Consumable Supplies</td>
<td>0</td>
</tr>
<tr>
<td>Travel</td>
<td>0</td>
</tr>
<tr>
<td>Promotion</td>
<td>0</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>0</td>
</tr>
<tr>
<td>Space Costs</td>
<td>0</td>
</tr>
<tr>
<td>Audit</td>
<td>0</td>
</tr>
<tr>
<td>Indirect Costs</td>
<td>0</td>
</tr>
<tr>
<td>+ Related Costs</td>
<td>0</td>
</tr>
<tr>
<td>+ Other</td>
<td>0</td>
</tr>
<tr>
<td><strong>Grand Totals</strong></td>
<td>0</td>
</tr>
</tbody>
</table>
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
- [ ] Bids/Quotations
- [ ] Budget Justification
- [ ] Contractor Estimates
- [ ] Engineer Estimates
- [ ] Sales Agreements

Budget Narrative

The narrative must specifically address each of the cost items identified in the Budget Spreadsheet.

Character Count: 0/2000

Continue
NAP Application

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.
Detailed Project Narrative

Please provide a detailed project narrative that includes the place (demographics, boundaries, etc.), the problem, the project, proposed outcomes, and the project timeline. (Refer to program guidelines for required details)

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

File 1 [Browse...]

☐ I agree to attach specific NAP Special Program Priorities criteria, if applicable, in the upload boxes below or provide the information with the application signature page.

☐ I agree to attach the following information in the upload boxes below or provide the information with the application signature page.

1. A copy of the organization’s IRS Determination Letter.
2. A complete job description for any position that will be funded either fully or in part with the requested NAP tax credits. The job description must include the salary assigned to the position, percentage paid with business contributions that are eligible for tax credits, immediate supervisor and title of the position.
3. A letter from the appropriate planning agency certifying that the proposed project is in compliance with the comprehensive land use plans and zoning and subdivision codes, if applicable.
4. Cost Estimates (if applicable) – A statement estimating the cost of the project. The estimate must be prepared by an engineer or other qualified professional and should be accompanied, where appropriate, by copies of the signed bids/quotations, contractor estimates, or sales agreements that verify project cost estimates.
5. Evidence of property ownership, deed, or lease for properties to be renovated, etc. with NAP funds.
6. A copy of any proposed sub-contractual agreement(s) for services equal to or greater than $10,000, if applicable.
7. Provide a Neighborhood Organization Profile which includes the date of incorporation, mission/purpose, primary services delivered, and the annual budget and staffing.
8. NAP Regular applicants must provide a copy of the Neighborhood Organization’s Solicitation Plan if the business contributors have not been identified, if the business contributors are identified provide a list of the contributors and the commitment amount, along with proof that the contribution has been secured (must be on business letterhead).
9. SPP applicants must identify the Contributors and commitment amount, along with proof that the contribution has been secured (must be on business letterhead).
Additional Attachments
Please attach any supporting documents related to the Application Requirements outlined in the Program Guidelines.

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

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

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.

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

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 * for instead of spaces. Must include area code xxx-xxxx-xxxx.
- Phone Number is required.
- Mailing Address is required.
- City is required.
- Zip Code is required.
- Enterprise Type is required.
- Applicant Information has not been 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.
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.
NAP Application

Mail the signed signature page to the address shown.

Applicant has options to print the entire application or just the signature page only.

The 12-digit Single Application number will be displayed. This is your confirmation the application has been submitted to DCED.

Web Application ID # displayed.
Changes to a Submitted Application

- Applicant can no longer make electronic changes.
- 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.
NAP Application

View/Print Submitted Application

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
**NAP Application**

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

Multiple pages may exist.

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

<table>
<thead>
<tr>
<th>Id</th>
<th>Single App</th>
<th>Applicant/Company</th>
<th>Project Name</th>
<th>Program</th>
<th>Uid</th>
<th>View</th>
</tr>
</thead>
<tbody>
<tr>
<td>8025968</td>
<td>201208078112</td>
<td>Collier Test Company</td>
<td>TEST APPLICATION</td>
<td>Opportunity Scholarship Tax Credit</td>
<td>8025968</td>
<td>VIEW</td>
</tr>
<tr>
<td>8028614</td>
<td>201211078917</td>
<td>Collier Test Company</td>
<td>sdfsdfsdfds</td>
<td>Pennsylvania First</td>
<td>8028614</td>
<td>VIEW</td>
</tr>
<tr>
<td>8029030</td>
<td>201212049080</td>
<td>Collier Test Company</td>
<td>TEST APPLICATION</td>
<td>Community Services Block Grant (CSBG) - Discretionary</td>
<td>8029030</td>
<td>VIEW</td>
</tr>
<tr>
<td>8030028</td>
<td>201301208325</td>
<td>Collier Test Company</td>
<td>TEST TEST</td>
<td>Abandoned Mine Drainage Abatement and Remediation</td>
<td>8030028</td>
<td>VIEW</td>
</tr>
</tbody>
</table>
NAP Application

Applicant has options to print the entire application or the signature page only.

Options to view the addenda information are available by clicking the Addenda tab.

Applicant has options to print the entire application or the signature page only.