



**pennsylvania**

DEPARTMENT OF COMMUNITY  
& ECONOMIC DEVELOPMENT

# **Neighborhood Assistance Program (NAP) Electronic Single Application**

May, 2013

## NAP Program Fiscal Year 2013-14

- Applications accepted beginning July 1, 2013.
- Updated guidelines will be posted on [www.newpa.com](http://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?

# NAP Application

> ready > set > succeed

## www.newPA.com



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



Home | About Us | Why PA? | News | Contact Us | [Single Application](#)

Business | Community | Local Government | [Funding & Programs](#)

What are you looking for?



Information on all DCED Programs and How to Apply can be found by clicking this button.

### Business

stimulating job creation and business growth for existing, new and foreign companies in Pennsylvania looking to sell products and services here and abroad.

Learn More

# NAP Application

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Business Community Local Government Funding & Programs

What are you looking for?



You Are Here: [Home](#) > [Funding, Programs, Loans, Tax Credits and Grants](#) > Apply for Programs & Funding

## Inside This Section

[Search for Programs & Funding](#)

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## Single Application

**Eligible applicants must apply for funding through DCED's Single Application for Assistance.**

### 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.

## How To Apply

After downloading and reading a program's guideline, you can apply through the Single Application.

[Apply](#)

Information about the Single application is available on the Single Application page. Click on the Single Application for Assistance link .

## Registration and Login



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.

**REGISTER**

(First Time User? Click the button above)

**FORGOT PASSWORD**

(Forgot Your Password? Click the button above)

### Login

#### What's New?

For an overview of the changes in the new Single Application, please read [Help](#).

User Name

Password

**LOGIN**

Enter User Name and Password.

# NAP Application

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Login Help Contact Us

## 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 information that will help us provide you with the best possible programs and screens.

**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.

◆ Required Fields

First Name:  ◆

Last Name:  ◆

Address:  ◆

City:  ◆

State: PA ◆

Zip Code:  ◆

Email Address:  ◆

User Name:  ◆

Password:  ◆

Confirm Password:  ◆

Security Question:

Security Answer:

**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.

### Single Application Information

Reset

Are You Applying As?  For Profit  Non Profit  Government  Other

SUBMIT

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## Single Application Information

Reset

Are You Applying As?  For Profit  Non Profit  Government  Other

Company/Entity Type:  Limited Liability Partnership  Partnership  
 Sole Proprietorship  Limited Liability Corporation  
 S Corporation  C Corporation

Federal Employers Identification Number (FEIN) Or SSN:

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

SAP Vendor #:   
(xxxxxx or xxxxxx-xxx)

[Department of State](#) For information on how to register your business click the link

Incorporated in PA?  Yes

Registered to do business in PA?  Yes

Company/Entity Name:

CEO:

CEO Title:

Application Contact Name:

Title of the Contact person

Phone:  Ext.   
(xxx-xxx-xxxx)

E-mail:   
(if different from above)

SUBMIT

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.

# NAP Application

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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?

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

Enter "NAP FY 13/14"

Select "NO" in the dropdown

Click **Create A New Application** button

# NAP Application

> ready > set > succeed



Home Help Contact Us

Logout

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 a member of 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

## 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

Click **Withdraw** to delete an incomplete application

# NAP Application

> ready > set > succeed



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.

# NAP Application

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Program

Company: Web Application #: 8036160  
Program:

## Select Program

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

Program Name

Sort By  
Program Name

**SEARCH** PROGRAM FINDER

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

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

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.

### Neighborhood Assistance Enterprise Zone Tax Credit (NAP-EZP)

The Department of Community and Economic Development will be accepting applications for Tax Credits under the Neighborhood Assistance Program until February 1, 2013. Interested parties should follow the appropriate program guidelines on found on NewPA.com.

An incentive program that provides tax credits to private companies investing in rehabilitating, expanding, or improving buildings or land located within designated enterprise zones.

Eligibility: Any private company with an investment located in an enterprise zone.

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

### Neighborhood Assistance Program (NAP)

DCED is currently not accepting applications for this program.

Tax credit program to encourage businesses to invest in projects which improve distressed areas or support neighborhood conservation. Projects must fall under one of the following categories: affordable housing programs, community services, crime prevention, education, job training or neighborhood assistance.

Eligibility: Non-Profit Organizations

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

 [Apply](#)

Click the **Apply** link to begin application.

# NAP Application

> ready > set > succeed

## Program

### Neighborhood Assistance Program (NAP)

[Change Program](#)

*DCED is currently not accepting applications for this program.*

Tax credit program to encourage businesses to invest in projects which improve distressed areas or support neighborhood conservation. Projects must fall under one of the following categories: affordable housing programs, community services, crime prevention, education, job training or neighborhood assistance.

Eligibility: Non-Profit Organizations

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

Choose which NAP program you want to apply for by clicking **Select**.  
**Note:** NAP-EZP will not be displayed, it is a separate program.

### Select Neighborhood Assistance Program (NAP) Type

Please select the type of Neighborhood Assistance Program (NAP) that you wish to apply from the list below. Please read the Program Guidelines for details. If you wish to apply for multiple types for a single project, answer "Yes" to the "Are you interested in applying for multiple DCED funding sources for this project?" question in the Project Overview section of the Application.

#### Neighborhood Assistance Program (NAP)

Partnerships between business and non-profits to provide services to low income Pennsylvanians.

 [Select](#)

#### Neighborhood Partnership Program (NPP)

Long term collaborations (5-6 yrs.) between for profit businesses and a social service agency to address the problems of a neighborhood.

 [Select](#)

#### Special Program Priorities (SPP)

Programs targeting specific problems identified by the Commonwealth.

 [Select](#)

#### Charitable Food Program (CFP)

Benefits Regional Food Banks dealing with emergency food provision.

 [Select](#)

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

Applicant: Web Application #: 8036221  
Program: Neighborhood Assistance Program (NAP) - Neighborhood Assistance Program (NAP) [Program Fact Sheet](#) [Program Guidelines](#)

## 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.   
(xxx-xxx-xxxx)

Fax:

E-mail:

Mailing Address:

City:

State: PA

Zip Code:

**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.

# NAP Application

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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. ◆

<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](#)

# NAP Application

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

Applicant: Web Application #: 8036221  
Program: Neighborhood Assistance Program (NAP) - Neighborhood Assistance Program (NAP) [Program Fact Sheet](#) [Program Guidelines](#)

## Project Overview

Project Name:

Is this project related to another previous project?  
No

If yes, indicate previous project name:

Have you contacted anyone at DCED or the Governor's Action Team about your project?  
No

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.  
No

How many Site Locations are involved in the project?  
1

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

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.

# NAP Application

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

Applicant: Web Application #: 8036221  
Program: Neighborhood Assistance Program (NAP) - Neighborhood Assistance Program (NAP) [Program Fact Sheet](#) [Program Guidelines](#)

### Project Site Location(s)

To add Project Site Locations, please see the [Project Overview](#) section.

**Site 1**

Address:

City:

State: PA

Zip Code:

County: -- Select County --

Municipality: -- Select Municipality --

PA House:

PA Senate:

US House:

Current Employees:

Jobs To Be Created:

Designated Areas:

<input type="checkbox"/> Act 47 Distressed Community	<input type="checkbox"/> Brownfield
<input type="checkbox"/> Enterprise Zone	<input type="checkbox"/> Greenfield
<input type="checkbox"/> Keystone Innovation Zone	<input type="checkbox"/> Keystone Opportunity Zone
<input type="checkbox"/> Prime Agricultural Area	<input type="checkbox"/> Uses PA Port

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.

[Continue](#)

# NAP Application

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The screenshot shows the Pennsylvania Department of Community & Economic Development's NAP application interface. The 'Narrative' tab is selected in the top navigation bar. Below the navigation, the 'Applicant' information is displayed, including the program name and a 'Web Application #' (6036221). Two links, 'Program Fact Sheet' and 'Program Guidelines', are circled in red. A yellow callout box points to these links with the text: 'Program Fact Sheet and Program Guidelines are available for review by clicking the links.' Below the navigation, the 'Project Narrative' section is visible, with a red circle around the question 'What do you plan to accomplish with this project?'. A yellow callout box points to this question with the text: 'Minimum characters allowed is 100 and the maximum characters allowed is 1,000.' Other sections include 'How do you plan to accomplish it?' and 'How do you plan to use the DCED funds?'. The 'Projected Schedule and Key Milestones and Dates' section is also visible at the bottom.

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

**Applicant:** Program: Neighborhood Assistance Program (NAP) - Neighborhood Assistance Program (NAP) **Web Application #:** 8036221  
[Program Fact Sheet](#) [Program Guidelines](#)

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## Program Budget

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

**Funding Sources** Spreadsheet Basis of Cost

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### 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 not being financed 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"/>	<input type="text"/>
Additional Funding Source 2:	<input type="text"/>	<input type="text"/>
Additional Funding Source 3:	<input type="text"/>	<input type="text"/>
Additional Funding Source 4:	<input type="text"/>	<input type="text"/>
Additional Funding Source 5:	<input type="text"/>	<input type="text"/>

# NAP Application

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## Program Budget

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

Funding Sources **Spreadsheet** Basis of Cost

### 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.

	Neighborhood Assistance Program (NAP)	Total
+ Acquisition	0	0
+ General Construction	0	0
+ Infrastructure / Site Preparation	0	0
+ Machinery & Equipment	0	0
+ Working Capital	0	0
- Operating Costs	0	0
Salary/Fringe Benefits	0	0
Training/Technical Assistance	0	0
Consumable Supplies	0	0
Travel	0	0
Promotion	0	0
Office Equipment	0	0
Space Costs	0	0
Audit	0	0
Indirect Costs	0	0
+ Related Costs	0	0
+ Other	0	0
<b>Grand Totals</b>	<b>0</b>	<b>0</b>

# NAP Application

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## 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](#)

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

**Applicant:** Program: Neighborhood Assistance Program (NAP) - Neighborhood Assistance Program (NAP) **Web Application #:** 8036221  
[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](#).

### Neighborhood Assistance Program Project Measures Report ♦

Please complete the project measures that apply to your project/program. This form must be completed and submitted with your original application, with projected outcomes. This form should be saved as you will need to submit it again at the end of your contract. Organizations that are awarded tax credits are required to complete the 'actual' column of this form at the end of the contract period as a means to compare projections against actual accomplishments. No later than October 15, all grantees must complete the 'actual' column on the original form that you submitted with your application and submit via e-mail to [ra-dcedocs@state.pa.us](mailto:ra-dcedocs@state.pa.us) Failure to submit this required report could affect future award decisions.

[Download Community Measures Report 2012.pdf](#)

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

File 1

### Project Budget Justification ♦

1. Please provide a Project Budget Justification. Below is a sample copy of the budget justification.  
[Download NAPSAMPLEBudgetJustification.pdf](#)

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

File 1

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.

# NAP Application

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## 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

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).

# NAP Application

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## 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.

File 1	<input type="text"/>	<input type="button" value="Browse..."/>
File 2	<input type="text"/>	<input type="button" value="Browse..."/>
File 3	<input type="text"/>	<input type="button" value="Browse..."/>
File 4	<input type="text"/>	<input type="button" value="Browse..."/>

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

[Continue](#)

# NAP Application

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

**Applicant:** Neighborhood Assistance Program (NAP) - Neighborhood Assistance Program (NAP) **Web Application #:** 8036221  
[Program Fact Sheet](#) [Program Guidelines](#)

## 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.

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.

# NAP Application

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

Applicant: Collier Test Company Web Application #: 8036221  
Program: Neighborhood Assistance Program (NAP) - Neighborhood Assistance Program (NAP) [Program Fact Sheet](#) [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.

**SUBMIT APPLICATION**

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

> ready > set > succeed

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Home Help Print Contact Us Logout

Program Project Overview Addenda Certification

Applicant: Collier Test Company Web Application #: 8036221  
Program: Neighborhood Assistance Program (NAP) - Neighborhood Assistance Program (NAP) [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**

Web Application ID # displayed.

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

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

Mail the signed signature page to the address shown.

## 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

> ready > set > succeed

## View/Print Submitted Application

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Home Help Contact Us Logout

**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?  
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

> ready > set > succeed

**PA** pennsylvania  
STATE OF INNOVATION

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:

SEARCH

EXPORT

Multiple pages may exist.

1 2

Id	Single App	Applicant/Company	Project Name	Program	Uid	
8025968	201208078112	Collier Test Company	TEST APPLICATION	Opportunity Scholarship Tax Credit	8025968	VIEW
8028614	201211078917	Collier Test Company	sdsdfdsfsdfds	Pennsylvania First	8028614	VIEW
8029030	201212049080	Collier Test Company	TEST APPLICATION	Community Services Block Grant (CSBG) - Discretionary	8029030	VIEW
8030028	201301300285	Collier Test Company TEST TEST	dsfdfdf	Abandoned Mine Drainage Abatement and	8030028	VIEW

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

Click **View** button

# NAP Application

> ready > set > succeed

The screenshot shows the Pennsylvania Department of Community and Economic Development's NAP Application Certification page. The page header includes the PA logo and navigation links: Home, Help, Print, Contact Us, and Logout. The main navigation bar contains Program, Project Overview, Addenda, and Certification. The Addenda tab is circled in blue, and a red arrow points from a callout box to it. Below the navigation bar, the applicant information is displayed: Applicant: Collier Test Company, Program: Neighborhood Assistance Program (NAP) - Neighborhood Assistance Program (NAP), and Web Application #: 8036221. Links for Program Fact Sheet and Program Guidelines are also present. The main content area is titled "Application Certification" and displays the Single Application ID #: 201305242116. A red arrow points from a callout box to the Addenda tab. Below the ID, there are two paragraphs of text: "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." and "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." Below the text are two links: "Print Signature Page only" and "Print Entire Application with Signature Page". Red arrows point from a callout box to both links. At the bottom, there is a section for mailing the signature page, with the address: Pennsylvania Department of Community and Economic Development, Commonwealth Keystone Building, Attn: Customer Service Center, 400 North Street, 4th Floor, Harrisburg, PA 17120-0225.

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

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