

Pennsylvania Department
of Community and
Economic Development

Community Revitalization Program

Program Guidelines 2004 - 2005

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

Department of Community and Economic Development
Dennis Yablonsky, Secretary
www.newPA.com
www.inventPA.com

December 2004

pennsylvania
DEPARTMENT OF COMMUNITY
& ECONOMIC DEVELOPMENT



Table of Contents

- Section I Introduction** 1
 - A. Introduction 1
 - B. Definitions 1
 - C. Eligibility 1
- Section II The Application Process** 2
 - A. General 2
 - B. Procedures 4
- Section III Limitations and Penalties** 5
- Section IV Contact Information** 5

ARCHIVED

ARCHIVED

Section I – Introduction

A. Introduction

The Community Revitalization Program (CRP) provides grants for community revitalization and improvement projects throughout the Commonwealth. CRP funds may be used for projects that are in accordance with Act 9A of 2004. Eligible projects are defined in Section I.C.2. of these guidelines.

Assistance from CRP is in the form of grants from the Commonwealth to eligible applicants for projects which, in the judgment of the Department of Community and Economic Development (DCED), comply with the provisions of Act 7A of 2004, are in accordance with the program guidelines and meet all of the DCED Single Application for Assistance criteria found in the application.

Applicants should be aware that applications for other DCED programs may also be considered under the Community Revitalization Program. This creates a large pool of applications for a limited appropriation from the General Assembly. As such, not every application can or will be funded.

Applicant care in preparation of the application will assist DCED in processing the application. **Applicants should not submit more than one application per fiscal year. Additional applications do not enhance opportunity for funding. DCED reserves the right to reject additional applications from the same applicant, without notice to the applicant.**

CRP expenditures for FY 2004 will be charged to the state fiscal year July 1, 2004 to June 30, 2005.

B. Definitions

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

Application – The DCED Single Application for Assistance

CRP – The Community Revitalization Program

DCED – The Department of Community and Economic Development

C. Eligibility

1. Eligible Applicants

- General purpose units of local government, including, but not limited to, counties, cities, boroughs, townships and home rule municipalities.
- Municipal and redevelopment authorities and agencies.
- Industrial development authorities, corporations and agencies.
- Non-profit corporations incorporated under the laws of the Commonwealth who demonstrate a direct benefit to the applicant organization.
- Community organizations engaged in activities consistent with the provisions of the program guidelines as determined by the DCED.

2. Eligible Projects

CRP funds may be used for community revitalization and improvement projects that are consistent with the provisions of Act 7A of 2004. To receive funding, eligible projects must meet one or more of the following criteria:

- Improve the stability of the community;
- Promote economic development;
- Improve existing and/or develop new civic, cultural, recreational, industrial and other facilities;
- Assist in business retention, expansion, creation or attraction;
- Promote the creation of jobs and employment opportunities; and/or
- Enhance the health, welfare and quality of life of Pennsylvania citizens.

Projects for the sole benefit of a for-profit entity are not eligible for program funding.

Guideline Compliance for Fiscal Year 2004-2005. Projects that receive funding must meet one or more of the criteria listed above.

Section II – The Application Process

A. General

1. Project applications must be submitted using the DCED Single Application for Assistance. The application is available by calling the Customer Service Center, the DCED Regional Offices or at DCED's Web Site. The Single Application for Assistance is also available for on-line submission via our web site: www.inventpa.com, www.state.pa.us or www.esa.dced.state.pa.us. Applications will be accepted throughout the fiscal year up to the March 31, 2005 submission deadline.

2. Applications should be submitted to the following address:

Department of Community and Economic Development
Customer Service Center
400 North Street, 4th Floor
Commonwealth Keystone Building
Harrisburg, PA 17120-0225
Telephone: 1-800-379-7448

Applicants should not submit more than one application per fiscal year. Additional applications do not enhance opportunity for funding. DCED reserves the right to reject additional applications from the same applicant without notifying the applicant.

3. Applications are accepted anytime throughout the fiscal year, subject to the provisions of Section II.B. Applicants are strongly discouraged from submitting more than one application for this program during the FY 2004-2005.

4. An applicant must follow the detailed instructions for completing the DCED Single Application for Assistance when applying for CRP, especially with regards to completion of the **Project Narrative, Project Budget and Profiles sections**. A typewritten (or computer generated) Project Narrative must accompany the Single Application for Assistance, as well as provide a detailed and comprehensive description of the project. Applicants must explain who they are and what they are going to do with the grant funds. The narrative must specifically address each of the cost items identified in the Project Budget section of the application. In general, the narrative should include:
- Specific Problems to be Addressed or Improvement to be Financed. Identify the problem that needs to be resolved. Please include brief background information, including general purpose and/or mission of the organization.
 - Project Description. What do you plan to accomplish with this project and how do you plan to accomplish it?
 - Expected Outcomes. Examples of measurable outcomes include jobs created or retained, people trained, land or buildings acquired, park constructed, feet of road repaired, etc.
 - Projected Schedule and Key Milestones and Dates. A detailed project schedule must accompany the application, including key milestones and dates.
 - Documentation to support Projected Budget Costs. This documentation may consist of an itemized line-by-line listing of how you arrived at the specific budget items for the project, bids or cost quotations, contractor estimates, appraisals, engineer estimates. A specific explanation is needed for any amounts in an "Other" or "Indirect Costs" budget category.
 - Documentation of matching dollars, such as commitment letters, receipts, etc.
 - Religious disclaimer. If an applicant has a religious affiliation, the applicant must provide a disclaimer assuring that DCED funds will not be used for religious purposes.
5. The DCED reserves the right to:
- Request additional information regarding proposed use of funds;
 - Verify non-DCED funding sources;
 - Require explanation or revision of the project's budget;
 - Require clarification of the project's narrative.

B. Procedures

1. CRP grant awards are made in two funding rounds during the fiscal year. The DCED will grant approximately 33% of the program appropriation in each round. The DCED will make every effort to allocate program funds in accordance with these targets, but is not bound to them.
 - a. **Applicants should not apply in each round, and should apply only once during the 2004-2005 Fiscal Year.** Grant applications not funded in a round will be rolled into the next round for consideration.
 - b. Application deadline and tentative announcement dates for each round are outlined in the chart below.

Funding Round	Application Deadline Date	Target Announcement Date
Round 1	September 30, 2004	November 2004 (<i>tentative</i>)
Round 2	December 30, 2004	February 2005 (<i>tentative</i>)
Round 3	March 31, 2005	May 2005 (<i>tentative</i>)

The first round consideration will include all applications received between July 1, 2004 and September 30, 2004.

The second round will include applications received by December 30, 2004, and applications not approved in the first round.

The third round will include applications received by March 31, 2005 and applications not approved in the first and second rounds.

Target grant announcement dates are subject to change without notice at the discretion of the Department.

2. Any CRP funds remaining after the second round may be awarded by DCED up to the end of the fiscal year.
3. Letters advising applicants that they have not been funded will not be sent after each funding round. Applicants that do not receive funding during any of the rounds will be notified during July 2005 to reapply during the next fiscal year.
4. Follow up information on the status of submitted grant applications may be obtained by contacting the DCED Customer Service Center. However, calls are not encouraged. The account manager letter is confirmation of receipt of the application. Please remember that demand for this program is very high, and staff may not be familiar with each individual application. Applicant care in preparation of the application will assist the Department in processing the application.
5. The DCED reserves the right to reject, without notification, applications received after March 31, 2005 for the 2004-2005 fiscal year appropriation.
6. CRP grant award notifications will be made by letter. After the award letter has been mailed, the applicant will receive a contract document that must be signed by the grantee and returned to the DCED for execution.
7. The applicant must maintain full and accurate records with respect to the project. The DCED will have free access to such records including invoices of material and other relevant data and records, as well as the right to inspect all project work. The applicant will furnish upon request of the DCED all data, reports, contracts, documents, and other information relevant to the project.

8. Approved grants in the amount of \$100,000 or more require the grantee to provide an audit of the grant by a certified public accountant, prepared at the expense of the grantee, in compliance with Pennsylvania State law. The Single Audit performed for Federal audit purposes will not be accepted for auditing grants funded with State monies.
9. Approved grants under \$100,000 require the grantee to submit a detailed financial statement and a close out report of the use of State funds consistent with the contract. An audit is recommended, although not required.
10. Applications from grant recipients who did not fulfill their audit requirements under previous contracts will not be considered and will be placed on hold until such audit requirements are met.
11. Funds will be disbursed according to the provisions in the contract between the applicant and the DCED.
12. All applications not acted on favorably will be considered to have been denied, and will not be considered for the 2004-2005 fiscal year.

Section III – Limitations and Penalties

This section identifies program limitations and/or penalties that may result from the misuse of the grant funds.

- An applicant may not make or authorize any substantial change in an approved project without first obtaining consent of the DCED in writing.
- If the full amount of the grant is not required for the project, the unused portion of the grant shall be returned to DCED.
- Failure to comply with the procedures may result in penalties, including repayment of funds with interest.

Section IV – Contact Information

All applications and inquiries should be directed to:

Department of Community and Economic Development
Customer Service Center
400 North Street, 4th Floor
Commonwealth Keystone Building
Harrisburg, PA 17120-0225
1-800-379-7448
e-mail: ra-dcedcs@state.pa.us

Note: Inquiries regarding applications that have been received by DCED and assigned an Account Manager should be directed to the Account Manager. Please reference the assigned application number.

The Single Application for Assistance is also available for on-line submission via our web site: www.inventpa.com or www.state.pa.us. Type “Single Application” in the search mechanism.

Pennsylvania Department
of Community and
Economic Development

Single Application for Assistance

On-line at: www.inventpa.com

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

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

June 2003

pennsylvania
DEPARTMENT OF COMMUNITY
& ECONOMIC DEVELOPMENT



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.inventpa.com

Select “Single Application” from the “Find Specific Initiatives and Programs.”

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.

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

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

Application Number

--

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	
Contact Name:		<input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	
Title:		Phone:	
Fax:		PA Revenue Tax Box #:	
E-mail:		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	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.inventpa.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:

Acquisitions: 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)

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

1-800-379-7448

or

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.