

**CLEARFIELD COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY
NON-PROFIT LOAN & INFRASTRUCTURE GRANT FUND
APPLICATION FOR ASSISTANCE**

Legal Name of Applicant _____

Names and Titles of Owners, Principal Officers:

Legal Form of Applicant:

_____ Municipality _____ Private Non-Profit Corporation
_____ Hospital/ Medical Center _____ Other (detail below)

NAICS _____ SIC _____

FEIN _____

Provide a Project Narrative for which you are requesting assistance:
(Additional narrative and supportive documents may be attached).

Address, Zip Code, Phone Number, Fax Number and e-mail:

Address of Subject Property (If applicable):

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Amount of Grant Assistance Requested: _____

Amount of Loan Assistance Requested: _____

Type of Site Control:

_____ Own _____ Lease _____ Purchase Option

Proposed Project Cost:

Eligible Activity

Funding Sources

	CCIDA	Bank	Equity	Other	Total
Acquisition					
Rehabilitation					
Professional Fees					
Machinery & Equipment					
Site Improvements					
Inventory					
Working Capital					
Infrastructure					
Interest During Construction					
Other Costs:					
Other Costs:					
Other Costs:					
Other Costs:					
Total Project Costs:					

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Indicate use of Grant Funds and attach justification of costs in the form of contractors estimates, quotes, sales agreements, purchase options, etc.

Number of Current Employees _____ Full-time _____ Part-time

Number of Jobs to be Created _____ Full-time _____ Part-time

Annual Income: _____ (Please attach most recent 3 years income tax returns or financial statements)

ITEMIZE SOURCES OF FUNDING:

SOURCE	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Project Cost	\$ _____

Applicant's Certification

The applicant certifies that all information in this application and all information furnished with this application is given for the purposes of obtaining a grant under the CCIDA's Infrastructure Grant Program and is true and correct to the best of the borrower's knowledge and belief. Verification may be obtained from any source herein. The applicant agrees to abide by all the requirements set forth in connection with any grant made by the Clearfield County Industrial Development Authority.

Applicant's Signature

Applicant's Signature

Title

Title

Date

Date

Complete each of the above questions and return to the Clearfield County Industrial Development Authority, 511 Spruce Street, Suite 5, Clearfield, PA 16830.