

**Application for**  
**Local Share Account (LSA) Statewide**  
**CREDC Application Window 9/1/2025 – 11/14/2025**

Applicant Information

Entity Applying: \_\_\_\_\_

Entity's Main Office Address: \_\_\_\_\_

\_\_\_\_\_

Entity Type: \_\_\_\_\_ Non-Profit? Yes or No: \_\_\_\_\_

Tax ID #: \_\_\_\_\_ SAP Vendor # (if you have one): \_\_\_\_\_

Number of Full-Time Employees - In PA: \_\_\_\_\_ - Worldwide: \_\_\_\_\_

Top Official's Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Application Point of Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Project Information

Project Location (exact address Street/City/Zip): \_\_\_\_\_

\_\_\_\_\_

Municipality: \_\_\_\_\_ County: \_\_\_\_\_

Is this project related to another previously submitted project? Yes or No: \_\_\_\_\_

If yes, indicate previous project name: \_\_\_\_\_

Have you contacted anyone at DCED about this project? Yes or No: \_\_\_\_\_

If yes, indicate person's name: \_\_\_\_\_

Describe the project to which you would apply LSA Statewide grant funding:

List the costs to be incurred by this project and how that cost was determined:

*Examples:*

<u>Amount:</u>	<u>Type of project cost:</u>	<u>How the cost is determined:</u>
\$95,000	Vehicle Purchase	Advertisement or Quote
\$150,000	Renovations	Contractor Estimates
\$245,000 – Total Costs		

<u>Amount:</u>	<u>Type of project cost:</u>	<u>How the cost is determined:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____ - Total Costs		

*\*\* Eligible project costs include real estate acquisition, construction, renovation, rehabiliatee, demolition or the purchase of vehicles, machinery and/or equipment. Only up to 10% of the grant can be applied to engineering, design, inspection and permitting fees related to construction projects.*

*Examples of ineligible costs include operating costs, salary and administrative costs, consumable supplies, furniture, financing fees, marketing and public relations costs, or any project cost incurred prior to the approval by the CFA of this grant funding request.*

How much money are you applying for from the LSA Statewide Grant Program: \$ \_\_\_\_\_

If the project's total costs exceed the amount you are applying for from LSA Statewide program, describe the source of additional funds needed for the project, and how it is secured:

Remember that this project cannot start before you are awarded funding or the project costs are no longer eligible for LSA Statewide support. Now, assume that you find out that you are awarded LSA funding in September 2026. Based on that assumption, provide a schedule of key activities and milestones for executing this project, for example, when bidding will start, when selections be made, when project will start, when critical points will be achieved, and when the project will be completed.

<u>Date</u>	<u>Activity/Milestone</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What entity will own, control, and maintain the assets resulting from this project:

\_\_\_\_\_

Does this project meet the objectives of any local or regional economic development plan or strategy?

Yes or No: \_\_\_\_\_

If Yes, what is the name of that plan or strategy? \_\_\_\_\_

Describe how this project is in the public interest, for instance how it improves the quality of life in the community or is anticipated to yield a positive economic development and/or community impact?