

**Lititz Regional Community Development Corporation  
Capital Improvement & Economic Development Grant Fund Application**

**Applicant Information**

**\*The application must be filled out completely. Incomplete applications will not be considered.**

Entity/Legal Name of Applicant: \_\_\_\_\_

Business Name or DBA: \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

Social Security Number (SSN if filing as sole proprietor): \_\_\_\_\_

Select industry that most closely represents Applicant's activities (check one):

- Agriculture                       Construction
- Education                         Healthcare
- Manufacturing                   Retail
- Accommodation/Hospitality/Restaurant/ Tourism
- Other: \_\_\_\_\_

Briefly describe Applicant's entities activities including goods, services and economic community impact.

First Calendar Year of Operations (per tax return): \_\_\_\_\_

Number of Full Time Equivalent Employees (FTE): \_\_\_\_\_

**\*\*To determine FTE divide total annual employee hours for the most recent fiscal year end by 2,080.**

**Business Location (NOTE: operations must be within the Warwick School District to be eligible for a grant.)**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**\*\* Municipality must be Lititz Borough, Warwick Township or Elizabeth Township**

**Mailing Address (if different from above)**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Primary Contact**

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



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If yes, how many projected additional employment hours are projected (not including owners)? \_\_\_\_ hrs per year

**Representations and Acknowledgments**

\* Applicant attests to the following by initialing each line.

\* All representations must be initialed by Applicant.

- \_\_\_\_ No other federal, state or local funds are being applied for in connection with this project.
- \_\_\_\_ Applicant has operations located in the Warwick School District.
- \_\_\_\_ The grant funds will be used solely in the Warwick School District.
- \_\_\_\_ The grant funds will not be used for operating expenses or to purchase inventory.
- \_\_\_\_ Applicant is in good financial condition and able to pay bills when they become due.
- \_\_\_\_ Applicant attests that Applicant is not considering and has not considered ceasing operations.
- \_\_\_\_ All information and statements contained in this Application, and all documents and exhibits submitted with this Application or provided by Applicant after the date of the Application are or shall be, to the best of Applicant's knowledge, information and belief, true, accurate, complete, and not misleading. Any further information provided by Applicant in connection with this application shall also be subject to the same representations by Applicant.
- \_\_\_\_ Applicant understands that additional information may be requested, and inquiry made, in addition to this Application and attachments by the Lititz Regional Community Development Corporation, including its board of directors, officers, and committee members (collectively, "LRCDC").
- \_\_\_\_ Applicant hereby acknowledges and agrees that all information provided may be shared by, and with the LRCDC in connection with the application and grant program.
- \_\_\_\_ Applicant has fully complied with all federal, state, and local laws and regulations applicable to Applicant's operations.
- \_\_\_\_ Applicant, its owners and/or principals are not currently under investigation with respect to any violation of, or other failure to comply with, any federal, state, and local laws and regulations.
- \_\_\_\_ Any grant funds awarded shall not be used for any purpose that may violate any federal, state or local laws and regulations.
- \_\_\_\_ FUNDS ARE LIMITED AND SIGNIFICANT INTEREST IN THIS GRANT PROGRAM IS ANTICIPATED. Applicant recognizes that there are no assurances that Applicant will be awarded a grant regardless of how well the Applicant may meet the grant criteria. As a condition of submitting this Application and for and in consideration of LRCDC's reviewing this application, Applicant shall hold harmless LRCDC and any other person(s) involved in the grant application, review and reward process.
- \_\_\_\_ As a condition of submitting this Application and for and in consideration of LRCDC's reviewing this Application and of any funds or other benefits made available to Applicant under the grant program, Applicant hereby waives, releases and forever discharges the LRCDC, its successors, heirs, assigns, agents, and all other persons from all actions, causes of action, liability, suits, claims, and demands, which in any way relate to or arise in any way from the application and/or the grant program.
- \_\_\_\_ All decisions with respect to this Application and any grant awarded or not awarded are final when made and are non-appealable. Applicant acknowledges that the grant award determinations shall be made by LRCDC in its sole discretion, based on both objective and subjective analysis of information available and

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that award determination need not follow strictly or consistently any scoring methods utilized by LRCDC from time to time.

\_\_\_\_\_ The individual signing below is legally authorized by Applicant to submit this Application, to sign this certification, and to legally bind Applicant hereby.

Signature \_\_\_\_\_ Print Name and Title \_\_\_\_\_ Date \_\_\_\_\_

Click to submit