



COLLEGE
TOWNSHIP
INDUSTRIAL
DEVELOPMENT
AUTHORITY

1481 E. College Avenue, State College, PA 16801 814-237-8510

REQUEST FOR FINANCIAL ASSISTANCE

NAME(S): _____

ADDRESS OF Principal Contact: (Business) _____
(Home) _____

PHONE NUMBERS: (Work) () _____
(Mobile) () _____
(Home) () _____

PURPOSE OF FINANCIAL ASSISTANCE IS REQUESTED: _____

LOCATION & DESCRIPTION OF LAND OR BUSINESS INVOLVED:
Address: _____

NUMBER OF CURRENTLY EMPLOYED or Projected EMPLOYEES: _____

Required INFORMATION TO INCLUDE: (To be attached hereto in detail)

- Business Plan Marketing plan

Email Address of Principal Contact(s)

Date of Signature