



# ConnectOregon Program

## Application

### PART B - Applicant Qualifications

#### 1. CONTACT INFORMATION

##### APPLICANT

ORGANIZATION NAME	PRIMARY CONTACT PERSON AND TITLE
ADDRESS	TELEPHONE
CITY, STATE AND ZIP CODE	FAX

##### CO-APPLICANT/CO SPONSOR

ORGANIZATION NAME	PRIMARY CONTACT PERSON AND TITLE
ADDRESS	TELEPHONE
CITY, STATE AND ZIP CODE	FAX

#### 2. IS/ARE THE APPLICANT(S) CURRENT ON ALL STATE AND LOCAL TAXES, FEES AND ASSESSMENTS?

YES  NO If NO Explain:

### PART C - Project Description

**3. PROJECT DESCRIPTION AND PURPOSE:** Summarize the project's description and purpose. Provide maps in 8 1/2 "X 11" format as hard copy only.

#### 4. ConnectOregon (CO) Project Budget

**SOURCES OF FUNDS:** Please identify the source and amount of moneys comprising your project budget in terms of grants, loans, match and other funds.

SOURCES:	AMOUNT	PERCENT OF TOTAL	DATE AVAILABLE	
			CAL. YEAR	QUARTER
a. ConnectOregon Grant		%		
b. ConnectOregon Loan		%		
c. Required Match (Grants - 20% of Total Project) 1		%		
d. Other Leveraged Funds (2)		%		
e. Other Leveraged Funds (2)		%		
f. Other Non-Leveraged Funds (Describe)		%		
g. Other Non-Leveraged Funds (Describe)		%		
<b>TOTAL*</b>		%		

(1) Please describe the source and timing of the 20% match shown above. If applicable include the cost basis of property.

(2) If your project leverages other funds beyond the ConnectOregon grants, loans and match required for your project, please describe the source, timing and basis for valuing the other funds. Leveraged funds must be shown in 1(d) and 1 (e) above.

**USES OF FUNDS:** Please identify the proposed uses and amount of moneys comprising the project budget.

USES:	AMOUNT	PERCENT OF TOTAL	DATE AVAILABLE	
			CAL. YEAR	QUARTER
Labor (Payroll)		%		
Contracted Services (If Known)		%		
Materials and Supplies		%		
Capital Outlay (Land)		%		
Capital Outlay (Buildings)		%		
Capital Outlay (Equipment)		%		
Other (Describe): _____		%		
Other (Describe): _____		%		
Other (Describe): _____		%		
Other (Describe): _____		%		
<b>TOTAL*</b>		%		

**\*Totals for Sources of Funds and Uses of Funds must be equal.**

**5. REAL ESTATE**

EXACT ADDRESS OR LEGAL DESCRIPTION:

a. IS PROPERTY OWNED BY APPLICANT(S)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PURCHASE PRICE	DATE
b. IS PROPERTY TO BE PURCHASED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PURCHASE PRICE	DATE
c. IS PROPERTY TO BE LEASED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
d. DOES THE PROJECT INCLUDE EASEMENTS OR DONATED PROPERTY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

Provide any additional details here:

**PART D - Project Considerations**

NOTE: The independent review consultant who will evaluate the project may consider other published or publicly available information when conducting this review.

**6. TRANSPORTATION COST REDUCTION:** Describe how the project reduces transportation costs for Oregon businesses.

**7. MODAL CONNECTIVITY:** Describe how the project benefits or connects two or more modes of transportation.

**8. STATEWIDE OR REGIONAL TRANSPORTATION LINK:** Describe how the project creates a critical link in a statewide or regional transportation system.

**9. COST BORNE BY APPLICANT(S):** Provide the amount by which the project will exceed, or, provide a match beyond *ConnectOregon's* minimum grant-match requirement of 20%.

**10. PERMANENT AND CONSTRUCTION JOBS CREATION/RETENTION:** Describe how the project creates and retains permanent and construction jobs in Oregon.

**11. ANTICIPATED CONSTRUCTION START DATE OR EQUIVALENT:**

**12. ANTICIPATED PROJECT COMPLETION DATE:**

**13. CONSTRUCTION READINESS:** Provide a project timeline and describe where the project is on this timeline in relation to planning, design and permitting issues.

**14. PROJECT OPERATIONS:** How will the ongoing maintenance, operation and replacement of the project be financed?

**15. OTHER CONSIDERATIONS AND INFORMATION :** Describe any other considerations and information you would like taken into account about the project.

**PART E - Supporting Materials:** Provide a list here of supporting materials that will be provided as part of your hard copy submission.

**ADDENDUM PAGE 8:** Attach additional text here as necessary, identifying the corresponding application question number you are completing.



**ADDENDUM PAGE 9:** Attach additional text here as necessary, identifying the corresponding application question number you are completing.

**ADDENDUM PAGE 10:** Attach additional text here as necessary, identifying the corresponding application question number you are completing.

**ADDENDUM PAGE 11:** Attach additional text here as necessary, identifying the corresponding application question number you are completing.

**ADDENDUM PAGE 12:** Attach additional text here as necessary, identifying the corresponding application question number you are completing.