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|  | POTENTIAL PROJECT APPLICATION 2021 |

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| Applicant Information |
| |  |  |  |  | | --- | --- | --- | --- | | Full Name: |  |  |  | |  | First | Last |  | | Company Name: |  |  |  | |  |  |  |  | | Position at Company: |  |  |  | |  |  |  |  | | Phone Number: | ( ) | Email Address: |  |  |  |  | | --- | --- | | City or Town/County: |  | |  |  | |
| Project Information |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Describe Potential Project In One Sentence: | | | | |  | | | |  | | | | | | | |  | | | |  | |  | | |  | | | |  | | | |  | | | |  | | | |  | |  | | |  | | | |  | | | |  | | | |  | | | |  | |  | | |  | | | |  | | | |  | | | |  | | | |  | |  | | |  | | | |  | | | |  | | | |  | | | | Describe Potential Project In Full: | | |  | | |  | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | | |  | | | |  | | | |  | | | | |  | |  | | |  | | | |  | | | |  | | | | |  | |  | | |  | | | |  | | | |  | | | | |  | |  | | |  | | | |  | | | |  | | | | |  | |  | | |  | | | |  | | | |  | | | | |  | |  | | |  | | | |  | | | |  | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  | | --- | | Project Details | | | | |  | |  | | | |  | | Anticipated Start: |  | Anticipated Finish: |  |  | |
| |  | | --- | |  | | Total Project Cost: | $ | Total Funding Requested: | $ | |
| |  |  |  |  | | --- | --- | --- | --- | | # Jobs Created: |  | # Jobs Retained: |  | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Have you ever received funding through NYS or the Consolidated Funding Application? (Y/N) | | |  | | | |  | | If Yes, Explain: |  |  | |  | |  |  | | | | |

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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Describe how your project fits into the REDC Strategy: | | |  | | | | | |  | | | | | | | | | | | | | |  | |  |  | |  | |  | | |  | | | |  | |  |  | | |  | |  | | | |  | |  |  | | |  | |  | | | |  | |  |  | | |  | |  | | | |  | |  |  | | |  | |  | | | |  | |  |  | | |  | |  | | | |

**Please returned completed forms no later than April 30th to:**

Daniel Kolinski

Deputy Director, Central New York Region

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