

Item #	Work to be Performed	Incentive Type / Match	Unit Cost	Total

I certify that the information above is accurate in its representation of itemized costs. I understand that additional information may be requested to substantiate these amounts and will promptly provide such information.

Applicant or representative

Date

FOR OFFICE USE ONLY:

SIGNATURE OF ECONOMIC DEVELOPMENT MANAGER
DATE

RANKING INFO: _____ APPROVED FOR FUNDING? Y N FINAL INCENTIVE AMOUNT: _____

DATE OF PAYMENT: _____ CHECK NUMBER: _____ CONTRACT EXECUTED: _____ Document Effective as of: _____