

GTCBRA PART TWO APPLICATION

Project Name:

101 Example Street

Note: Name must be related to geography/location of project. Not after development/business being proposed. Use Cell D6.

Applicant

Name

Address

City/State/Zip

Email

Phone

Env. Consultant

Name

Address

City/State/Zip

Email

Phone

Business Type: Sole Proprietor Partnership Corporation: State

How long in business: # of Employees

Names/Addresses of Individuals or Partners

-or-

Name/Title/Phone Number of Corporate Officers

Primary Contact Person, Title, Address, and Phone

Applicants past three brownfield projects, if any.

Address of project.

Submission Information:

Please provide two unbound copies of this application and all attachments to the GTCBRA, as well as electronically, with and application fee of \$ - , which is one percent of the eligible activities requested with this application, not to exceed \$20,000.

I hereby certify the information contained herein and in related attachments to be true

SIGNED

TITLE

DATE