

**LAGUNA VISTA
COMMUNITY DEVELOPMENT CORPORATION
Application for
Community Development Assistance**

The following information is required for all projects requesting community development assistance from the Laguna Vista Community Development Corporation (LV CDC). Fill all spaces on the application form. If the information requested is not applicable, enter "N/A" in the space. Incomplete applications will not be considered for assistance. After receipt of the application, the LV CDC may require additional information to be submitted to indicate the financial abilities or other factors.

Applicant/Business Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Applicant's Representative _____ Title _____

Mailing Address (if different from above) _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

I certify that the information submitted in this application, including attachments, is true, correct and complete. Omissions or submission of incorrect information will render this application invalid.

Applicant's Signature Date

Name of Project: _____

Name of Applicant: _____

PROJECT DEVELOPMENT COST SUMMARY

Type of Expense and Description	Estimated Cost
Land Acquisition: _____	_____
Site Preparation Cost: _____	_____
Professional Services: _____	_____
Construction: _____	_____
Equipment/Furnishings: _____	_____
Other (Please Describe): _____	_____
TOTAL PROJECT DEVELOPMENT COSTS	_____

ANNUAL OPERATION & MAINTENANCE

Type of Expense & Description	Annual Estimated Cost
Personnel/Labor: _____	_____
Supplies: _____	_____
Utilities:	
Electricity _____	_____
Gas _____	_____
Water _____	_____
Telephone _____	_____
Other Operations & Maintenance Costs: _____	_____
TOTAL OPERATIONS & MAINTENANCE COSTS	_____