

LOUISIANA COMMUNITY DEVELOPMENT AUTHORITY APPLICATION NON PROFIT

COMPANY INFORMATION

COMPANY NAME:	CONTACT: DATE AVAILABLE FOR SITE VISIT:
ADDRESS:	ADDRESS:
	PHONE:
	EMAIL:
TYPE OF BUSINESS:	
[] CERTIFICATION THAT APPLICANT HAS NOTIFIED (BY LETTER) THE MAYOR OR PARISH CHIEF EXECUTIVE OFFICER AND THE SENATOR AND REPRESENTATIVE OF THE PROJECT	

PROJECT INFORMATION

PROJECT DESCRIPTION:		
IN STATE LOCATION & ADDRESS:	NEW OR EXPANSION?	
AMOUNT OF FINANCING:	RATE:	
TYPE OF FINANCING:	BUILDING:	TERM:
PRIMARY SOURCE OF REPAYMENT:		

PROFESSIONALS (RECOMMENDED BY APPLICANT)

UNDERWRITER:	BOND COUNSEL:
PHONE:	PHONE:
MUNICIPAL ADVISOR:	OTHER:
PHONE:	PHONE:
	DATE OF APPLICATION: