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 APPLICATION THE SENATOR A		•	OR OR PARISH CHIEF EXECUTIVE
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:	
MUNCIPAL ADVISOR:	_	OTHER:	
PHONE:		PHONE:	
		DATE OF ADDITIONTION	N: