

V. DESCRIPTION OF PROPOSED PROJECT

Private or Public capacity served _____

Location Address _____

City/Village/Township _____ County _____

Owner of Project - Name _____

Owner address _____

City _____ State _____ Zip _____

Owner of project – Email _____

Business phone _____ Mobile _____

Product/Services to be provided _____

VI. PRIME OR SUB CONTRACTOR INFORMATION

Prime Contractor (if applicable) _____

Business Phone _____ Mobile _____

E-mail address _____

Type of Project _____ \$ _____ Total Project Amount

Bondholder (if applicable) _____

Bond No. _____

VII. PROJECT FINANCING

\$ _____
Capital Request Amount

Project Start Date _____ Completion Date _____

Check payment term requested below:

30 – 60 days _____ 61-90 days _____

91 -120 days _____ >120 days _____

TOTAL CONTRACT AMOUNT \$ _____

VIII. SUPPLIER INFORMATION

Name of Participating Supplier (if applicable) _____

Address, City, State _____

Name of Contact Person/Telephone Number _____

Name of Secondary Supplier (if applicable) _____

Name of Contact Person/Telephone Number _____

Any terms, discounts/incentives available?

_____ Yes _____ No

If so, please specify : _____

IX. PREVIOUSLY PERFORMED PROJECTS OF SIMILAR NATURE & SIZE

Project Name _____

Project Name _____

General Contractor _____

General Contractor _____

Reference Name & Phone No. _____

Reference Name & Phone No. _____

Date of Completion _____ \$ _____
Amount of your contract

Date of Completion _____ \$ _____
Amount of your contract

Description _____

Description _____

Project Name _____

Project Name _____

General Contractor _____

General Contractor _____

Reference Name & Phone No. _____

Reference Name & Phone No. _____

Date of Completion _____ \$ _____
Amount of your contract

Date of Completion _____ \$ _____
Amount of your contract

Description _____

Description _____

Submission Acknowledgement

As an authorized agent of the applicant Company, I hereby submit this Diversified Contractors Accelerator Program Application. All information submitted on or with this application is accurate to the best of my knowledge. I also understand that additional information may be requested by the Toledo-Lucas County Port Authority at a later date. I also understand that this document in no way constitutes a commitment to fund any capital needs by the Toledo-Lucas County Port Authority.

Name: _____ Title: _____

Signature: _____ Date: _____