

Rural Infrastructure Fund Application Participating Party Information Form



Applicant Name: _____

Provide the following information, as applicable, for the entity creating or retaining jobs as a result of the proposed project. Complete separate forms for additional Participating Parties.

Name of Entity: _____

Physical Address: _____

Contact Person Name: _____

Mailing Address: _____

Email: _____ Telephone Number: _____

Principal Business Activity: _____

Type of Facility: New Existing Expansion

Number of Permanent Full Time Equivalents (FTE) Generated/Retained: _____ New _____ Retained

Anticipated annualized average wage (excluding benefits) of jobs created or retained: \$ _____

Anticipated annualized average value of benefits associated with each job created or retained: \$ _____

New capital investment generated (excluding product inventory): \$ _____

Description of capital investment in real and personal property (excluding product inventory) (e.g. construction or remodeling of a facility; upgrading, replacing, or buying new equipment): _____

Provide a scanned copy in pdf format of a letter from the officer of the Participating Party that includes/verifies the following information:

- Number and average hourly wage of permanent FTEs generated/retained
- Expected amount of capital investment
- Importance of project infrastructure required to the entity's ability to provide the specific employment opportunities.