SECTION 1. COMPANY INFORMATION

Name of Company: __________________________________________________

Chief Officer or Authorized Designee: ________________________________________

Title: ___________________________________________________________________

Phone Number: __________________________________________________________

Email Address: ____________________________________________________________
(Required)

FEIN Number: ____________________________________________________________

Standard Industrial Classification Number (SIC): ______________________________

North American Industry Classification System (NAICS): _______________________

Project Site: _____________________________________________________________
SECTION 2. PROJECT INFORMATION

A. APPLICANT INFORMATION:

Applicant Name: _________________________________________________________

Mailing Address: _________________________________________________________

Phone Number: _________________________________________________________

Fax: _________________________________________________________

Email Address: _________________________________________________________
(Required)

B. GRANTEE INFORMATION:

Grantee Name: _________________________________________________________

Grantee Social Security Number OR: _______________________________

Federal Employer Identification Number (FEIN): _______________________________

C. PROPERTY OWNER INFORMATION (IF DIFFERENT THAN APPLICANT):

Same as Grantee: Yes ___ No ___

Name(s) of Property Owner(s): ______________________________________________
(All beneficial owners of a Land Trust, members of a Limited Liability Company, and partners in a partnership must be listed.)

Owner(s) Phone: _________________________________________________________

D. BUSINESS INFORMATION:

Business Name: _________________________________________________________

Individual ___ Corporation ___ Partnership ___ Other ___

How is the title held to the property?
Individual ___ Corporation ___ Land Trust ___ Partnership ___
Limited Liability Company ___ Other (explain) _________________________________
Building/Site Name: ______________________________________________________

Building/Site Address:  __________________________________________________

<table>
<thead>
<tr>
<th>Total</th>
<th>Addressed By Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parcel Square Footage:</td>
<td></td>
</tr>
<tr>
<td>Parcel Acreage:</td>
<td></td>
</tr>
<tr>
<td>Building Square Footage:</td>
<td></td>
</tr>
<tr>
<td>Number of Floors:</td>
<td></td>
</tr>
<tr>
<td>Current Use:</td>
<td></td>
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</tbody>
</table>

General Project Description: ________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

E. PROJECT FINANCING INFORMATION:

Bank ___ Private ___ Other (Explain) _________________________________________

Bank Name and Contact: ____________________________________________________

Contact Phone Number: _____________________________________________________

Escrow Institution and Agent: ____________________________________________

Agent Phone Number: ______________________________________________________
1. Describe the scope and purpose of this project. (This question should be answered separately if there are multiple projects.):

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

2. Describe the specific benefits of this project:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

3. Describe the specific economic benefits of this project to the citizens of the Village of Godfrey:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
4. Answer the following questions regarding funds being requested:
   A. Total Dollar Amount for Project (Village of Godfrey contribution plus Applicant’s contribution):
      $__________________________________________________________
   B. Total Dollar Amount Requested from the Village of Godfrey:
      $___________________________________________________________
   C. Applicant’s Financial Contribution:
      1) Total Dollar Amount Applicant will Provide:
         $_________________________
      2) Total Dollar Amount of In-Kind Services:
         $__________
      3) Total Amount Applicant Will Contribute (Add Items C1 and C2):
         $_________________________
   D. Percentage of Total Dollar Amount Applicant Will Contribute (Item C3 Divided by Item A):
      _______%
   E. Percentage of the Village’s Total Dollar Amount Requested (Item B Divided by Item A):
      _______%

5. In-Kind Services – Itemize and document all in-kind services to be provided and assign a dollar amount to each service (if necessary, continue itemizing on a separate sheet):
   ____________________________________________________________ $_______
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________ $_______
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   ____________________________________________________________ $_______
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   ____________________________________________________________ $_______
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
6. Project Schedule:

Fill in the schedule below based on the following instructions:

A. Indicate at least four (4) phases of your project:

B. Assign a completion date to each phase. The duration of each phase must not exceed three (3) months. The completion date of the last phase will be the ending date of the project:

C. The completion date will serve as a checkpoint, at which a performance evaluation will be conducted by the Village of Godfrey, as scheduled by the Applicant:

<table>
<thead>
<tr>
<th>Completion/Phase</th>
<th>Brief Description</th>
<th>Checkpoint Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1</td>
<td></td>
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<tr>
<td>Phase 2</td>
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<td>Phase 3</td>
<td></td>
<td></td>
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<tr>
<td>Phase 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(If there are more than four (4) phases to your project, please list them on a separate sheet, following the above format.)

7. Statement of Understanding and Agreement:

A. The Applicant agrees to comply with the guidelines, procedures, and instructions of the Village of Godfrey’s Economic Incentive Ordinance.

B. The Applicant understands that he/she must submit detailed cost documentation, invoices and receipts upon payment of expenditures before reimbursement and payment will be authorized. All expenditures will be in accordance with Chapter 2, Article V, Division II of the Godfrey Code of Ordinances (Competitive Bidding Ordinance).

C. The Applicant understands that if he/she fails to comply with the guidelines, procedures, and/or instructions of the Village of Godfrey Economic Incentive Ordinance, the Village of Godfrey has the authority to terminate the grant, and financial obligation on the part of the Village of Godfrey shall cease and become null and void.
D. The Applicant agrees to indemnify and hold harmless the Village of Godfrey, from and all losses, claims, damages, liabilities, or expenses, of any conceivable kind, resulting from or in any way connected with directly or indirectly with the approved grant or the subject project or work.

E. The Applicant’s representative represents that he/she has been authorized to enter into this agreement.

8. The Applicant’s representative must sign his/her name below:

   Name: ____________________________________________________________

   Date: ________________________________

   Title: ________________________________