

**PORT OF PITTSBURGH COMMISSION  
APPLICATION FOR CMAQ FUNDS**

**APPLICANT INFORMATION**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**PROJECT INFORMATION**

Project Name: \_\_\_\_\_

Congressional district in which applicant is located: \_\_\_\_\_

Areas (counties) affected by project:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Estimated Funding Requirements**

Federal: \_\_\_\_\_

Private: \_\_\_\_\_

Other: \_\_\_\_\_

TOTAL: \_\_\_\_\_

**Eligibility**

Is applicant delinquent on any federal debt? Yes  No

Is applicant delinquent on any state debt? Yes  No

By signing this application, I certify that the statements herein are true, complete, and accurate to the best of my knowledge.

Print full name of authorized representative: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_