

Overview

* 1. Project/Program Name

* 2. Primary Category

- Manufacturing - Bonds, Direct Lending, Tax Credits
- Environment - Water, Clean Energy, EE/RE, PACE, Resiliency, Brownfields
- Infrastructure - Transportation, Parking, Transit, Ports
- Arts & Culture - 501(c)3, Tourism, Creative Industries, Historic
- Revitalization - Tax Increment, Tax Credits, Bonds, Credit Enhancement
- Health & Higher Education - Hospitals, Clinics, Assisted Living, University, Charter School
- Food & Agriculture - Food Systems, Farming, Scarcity
- Access to Capital - Crowdfunding, Small/Minority/Women Owned Business, Seed & Venture

* 3. Secondary Category

- Manufacturing - Bonds, Direct Lending, Tax Credits
- Environment - Water, Clean Energy, EE/RE, PACE, Resiliency, Brownfields
- Infrastructure - Transportation, Parking, Transit, Ports
- Arts & Culture - 501(c)3, Tourism, Creative Industries, Historic
- Revitalization - Tax Increment, Tax Credits, Bonds, Credit Enhancement
- Health & Higher Education - Hospitals, Clinics, Assisted Living, University, Charter School
- Food & Agriculture - Food Systems, Farming, Scarcity
- Access to Capital - Crowdfunding, Small/Minority/Women Owned Business, Seed & Venture
- N/A

Comments

* 4. Project Summary

A large, empty rectangular box with a thin black border, intended for the user to enter the project summary. It occupies the majority of the page's vertical space below the header and section title.

Panelist Information

* 5. Contact Info

Name

Company

Title/Position

City/Town

State/Province

Email Address

Phone Number

* 6. Has this person confirmed they will participate?

Yes

No

Other (please specify)

* 7. Add Another Panelist?

Yes

No

Second Panelist Information

* 8. Contact Info

Name

Company

Title/Position

City/Town

State/Province

Email Address

Phone Number

* 9. Has this person confirmed they will participate?

Yes

No

Other (please specify)

* 10. Add Another Panelist?

Yes

No

Third Panelist Information

* 11. Contact Info

Name

Company

Title/Position

City/Town

State/Province

Email Address

Phone Number

* 12. Has this person confirmed they will participate?

Yes

No

Other (please specify)

Lead Contact Information

Who will be coordinating with CDFA?

* 13. Contact Info

Name

Company

Title/Position

City/Town

State/Province

Email Address

Phone Number