



pennsylvania
DEPARTMENT OF TRANSPORTATION

Commonwealth of Pennsylvania
PENNSYLVANIA INTERMODAL CARGO GROWTH INCENTIVE PROGRAM
(PICGIP)

Application for PICGIP Grant

_____ applies for grant funds under the Pennsylvania
(Name of Company)
Intermodal Cargo Growth Incentive Program (PICGAP).

I, _____, hereby certify that _____
(Name of Company Contact) (Name of Company)
is an ocean common carrier, which for the purpose of the PICGIP is calling at a
Commonwealth-located marine facility; has read and understands the attached
Pennsylvania Intermodal Cargo Growth Incentive Program Guidelines (“Guidelines”);
and agrees to abide by the Guidelines if awarded PICGIP funds.

Signature: _____

Name: _____

Title: _____

Company: _____

Employer ID Number: _____

Date: _____