



COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA INTERMODAL CARGO GROWTH INCENTIVE PROGRAM (PICGIP) APPLICATION FOR PICGIP GRANT

_____ applies for grant funds under the PICGIP Program.
(Name of Company)

I, _____, hereby certify that _____
(Printed Name of Authorized Signatory) (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 Pennsylvania Intermodal Cargo Growth Incentive Program Guidelines ("Guidelines"); and agrees to abide by the Guidelines if awarded PICGIP funds.

GRANTEE INFORMATION

Company Name: _____

Employer ID Number (EIN) _____ Entity Type: (ie: Corporation, LLC, LTD) _____

Company Address: _____

Contact Name and Title if other than Signatory: _____

Contact Email: _____ Contact Phone: _____

CONTAINER LIFTS

Estimated Lifts in the next two (2) applicable six-month periods as defined in Guidelines:

Year	Time Period	Estimated Imports	Estimated Exports	Total Container Lifts
	January to June			
	July to December			

GRANTEE INFORMATION

I certify that the information presented is true and correct to the best of my knowledge and back up documentation is available to verify the above data. I further understand that by signing this document, I make the certifications contained herein subject to the provisions and penalties of 18 Pa.C.S. Section 4904 (unsworn falsification to authorities).

Signature Date

Printed Name Title