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# Biofuels Grant Application Proposal Request

*The Biofuels Grant Program is administered by the Indiana Office of Energy & Defense Development (OED) in collaboration with the Indiana State Department of Agriculture (ISDA)*

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☐ **I certify that I have read and agree with the terms and conditions for this grant program**

**Have you applied for this program in the past? When?**

## I. APPLICANT PROFILE

Organization Name

Address

City | State | Zip Code

County

Project Address
(if different from above)

Name of Applicant

Title

Phone

Email

*Email addresses will only be used to notify, update and contact the above listed person(s) regarding this grant application. Please include your address for ease of communication.*

Federal Identification Number

## If this application is being filled out by someone other than the applicant, please fill out the below section

Name

Title

Phone | Email

## II. APPLICANT DISCLOSURE

**Please answer the following (explain all "yes" responses below)**

**a.**
Is the facility presently involved in any litigation that would have a materially adverse effect on the facility's financial condition?

☐ YES ☐ NO

**b.**
Has the facility ever been involved in bankruptcy, creditor's rights or receivership proceedings or sought protection from creditors?

☐ YES ☐ NO

**c.**
Has any member of the facility's management or administrative staff ever been convicted of any felony?

☐ YES ☐ NO

**d.**
Has the facility been under indictment or investigation by a public agency for a violation of a state or federal statute?

☐ YES ☐ NO

**e.**
Is the facility currently out of compliance with any local, state or federal permits or zoning requirements or has the facility been cited for a violation in the past two (2) years?

☐ YES ☐ NO

**f.**
Do you have any outstanding issues with the Indiana Department of Workforce Development, the Indiana Department of Revenue or the Indiana Secretary of State?

☐ YES ☐ NO

**If you answered "YES" to any of the above questions please explain:**

## III. PROJECT DESCRIPTION

**Please briefly describe your project. Use the space available below.**

## IV. TIMELINE

Project Start Date

Project End Date

I agree to submit the complete application for this grant by the date specified.

☐ I Agree

**PLEASE SUBMIT THIS PROPOSAL REQUEST VIA EMAIL. THE COMPLETE APPLICATION WILL NEED TO BE MAILED ONCE COMPLETED.**

Submit by Email

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