



Division of Business Development  
Iowa Department of Economic Development  
200 East Grand Avenue  
Des Moines, Iowa 50309  
[www.iowasmart.com](http://www.iowasmart.com)

# Application for Financial Assistance

August 18, 2003

**GENERAL INSTRUCTIONS**

1. Please visit the IDED Web site, [www.iowasmartidea.com](http://www.iowasmartidea.com), or contact IDED to see if this version of the application is still current.
2. Before filling out this application form, please read all applicable sections of the 2003 Iowa Code and Iowa Administrative Code (rules).
3. Only typed or computer-generated applications will be accepted and reviewed. *Any material change to the format, questions, or wording of questions presented in this application, will render the application invalid and it will not be accepted.*
4. Complete the applicable sections of the application fully; if questions are left unanswered or required attachments are not submitted, an explanation must be included.
5. Use clear and concise language. Attachments should only be used when requested or as supporting documentation.
6. Any inaccurate information of a significant nature may disqualify the application from consideration.
7. Send the original plus one copy of the completed application form and all required attachments to:

Business Finance Team  
Iowa Department of Economic Development  
200 East Grand Avenue  
Des Moines, Iowa 50309

It is not necessary to bind the application and/or the required attachments. 3-ring binders, staples or binder clips may be utilized. Please provide photocopies of any document, which in its original form, IDED would not be able to 2-hole punch for purposes of creating the applicant's file.

**PUBLIC RECORDS POLICIES**

The Iowa Department of Economic Development (IDED) and the Iowa Values Board is subject to the Open Records law (Iowa Code, Chapter 22). Treatment of information submitted to IDED or the Iowa Values Board is governed by the provisions of the Open Records law. All public records are available for public inspection. Some public records are considered confidential and will not be disclosed to the public unless ordered by a court, the lawful custodian of the record, or by another person duly authorized to release the information. Copies of Iowa's Open Records law and IDED's administrative rules relating to public records are available from the Department upon request.



Please complete the sponsoring community information if the Business is applying for:

- CEBA
- Enterprise Zone Program
- New Capital Investment Program
- New Jobs and Income Program
- Economic Development Set-Aside Program

**City, County, or Enterprise Zone Commission Sponsoring Application:**

City / County:  
 Mayor / Chairperson:  
 Address:  
 City, State & ZIP Code:

*IDED's Contact at the City/County/EZ Commission:*

Name & Title:  
 Telephone: Fax:  
 E-mail Address:

**APPLICATION SUBMISSION DEADLINES**

<b>Program</b>	<b>Deadline</b>
CEBA	1 <sup>st</sup> of the month in order for request to be considered at that month's IDED Board Meeting.
Enterprise Zone Program	Any time; allow 3-4 weeks from date IDED receives application for processing.
New Capital Investment Program (NCIP)	Any time; allow 3-4 weeks from date IDED receives application for processing.
New Jobs and Income Program (NJIP)	1 <sup>st</sup> of the month in order for request to be considered at that month's IDED Board Meeting.
Iowa Values Fund	1 <sup>st</sup> of the month in order for request to be considered at that month's Iowa Values Board Meeting
Entrepreneurial Ventures Assistance (EVA)	Any time; allow 3-4 weeks from date IDED receives application for processing
VAAPFAP	1 <sup>st</sup> of the month in order for request to be considered at that month's review meeting.
Economic Development Set Aside (EDSA)	Any time; allow 3-4 weeks from date IDED receives application for processing.

**CERTIFICATION & RELEASE OF INFORMATION:**

I hereby give permission to the Iowa Department of Economic Development (IDED) or the Iowa Values Board to research the Business' history, make credit checks, contact the Business' financial institutions, insurance carriers, and perform other related activities necessary for reasonable evaluation of this application.

I understand that all information submitted to IDED or the Iowa Values Board related to this application is subject to Iowa's Open Record Law (Iowa Code, Chapter 22).

I understand this application is subject to final approval by IDED and/or the Iowa Values Board and the Project may not be initiated until final approval is secured.

I understand that IDED or the Iowa Values Board reserves the right to negotiate the benefits. Furthermore, I am aware that benefits are not available until an agreement is executed within a reasonable time period following approval.

I hereby certify that all representations, warranties, or statements made or furnished to IDED or the Iowa Values Board in connection with this application are true and correct in all material respect. I understand that it is a criminal violation under Iowa law to engage in deception and knowingly make, or cause to be made, directly or indirectly, a false statement in writing for the purpose of procuring economic development assistance from a state agency or subdivision.

**For the Business:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title (typed or printed)

**For the Community (if applicable):**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title (typed or printed)

IDED or the Iowa Values Board will not provide assistance in situations where it is determined that any representation, warranty, or statement made in connection with this application is incorrect, false, misleading or erroneous in any material respect. If assistance has already been provided prior to discovery of the incorrect, false, or misleading representation, IDED or the Iowa Values Board may initiate legal action to recover incentives and assistance awarded to the Business.

**All applicants shall complete Section A of this application and only the section(s) for the program(s) to which the applicant is applying.**

Program

CEBA	Section B
Enterprise Zone Program	Section C
New Capital Investment Program	Section D
New Jobs and Income Program	Section E
Iowa Values Fund	Section F
Entrepreneurial Ventures Assistance	Section G
Value Added Agricultural Products & Processes Financial Assistance Program	Section H
Economic Development Set-Aside Program	Section I

**SECTION A: PROJECT INFORMATION**

1. Provide a brief description and history of the Business including current products/services and markets served.
2. Describe the proposed project for which assistance is being sought including any proposed products/services, any new markets, and the project address (if different than the address listed on page 3).
3. Has any part of the project started?       Yes     No    If yes, please explain.
4. Attachment A1: A business plan which shall, at a minimum, include: marketing study, feasibility study, projected profit and loss statements for three years into the future, project budget, production operations, management structure, personnel needs, descriptions of product or process, status of product/process development and patent status (if applicable). (Any information outlined above not included in the business plan should be submitted as supplemental information via a separate attachment.)
5. Identify the Business' competitors and explain what impact the proposed project will have on any Iowa competitors.
6. Attachment A2: Copies of the Business' Quarterly Iowa Employer's Contribution and Payroll Report for the past year and a copy of the most recent payroll report for one pay period.
7. Will any of the current employees lose their jobs if the project does not proceed?  
 Yes     No    If yes, attach an explanation regarding the total number of employees that could be affected, their location(s), and why.
8. Attachment A3: List of jobs that will be created and/or retained as the result of this project. For retained jobs, include the current wage rate. For jobs to be created, include the starting wage rate.
9. What is the estimated annual payroll for the created and/or retained jobs resulting from this project?  
Year 1:            \$  
Year 2:            \$  
Year 3:            \$
10. Does the Business operate any other facilities in Iowa?     Yes     No  
If yes, complete the following:

Location	# of Employees

11. Attachment A4: Description of the employee benefits provided by the company. With respect to medical and dental insurance plans, please include:
  - a) the total cost of each benefit,
  - b) the amount and percentage of the cost paid by the employee, and
  - c) a benefit summary (deductibles, co-payments, eligibility requirements, etc.)
  
12. During the last five years, has the Business been cited or convicted for violations of any laws or regulations, including environmental or safety regulations?
 

Yes  No If yes, please attach a record of any legal action taken, fines, and an explanation of any mitigating circumstances.
  
13. Summary of Project Costs and Proposed Financing Sources

Sources	Total	(1) IDED	(2)	(3)	(4)	(5)
<b>Uses</b>						
Land Acquisition	\$					
Site Preparation	\$					
Building Acquisition	\$					
Building Construction	\$					
Building Remodeling	\$					
Machinery & Equipment	\$					
Computers	\$					
Furniture & Fixtures	\$					
Working Capital	\$					
	\$					
	\$					
	\$					
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Summary of Sources	Amount	Terms
(1) IDED	\$	
(2)	\$	
(3)	\$	
(4)	\$	

<b>(5)</b>	\$	
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14. Discuss each of the following items with respect to the proposed project:
- a) the current employment conditions in the community, include any business closures, unemployment rates, etc. and if applicable, the community's need for assistance in attracting the Business.
  - b) impact of the proposed project on the community and the state, include projections that reflect the impact on local and state tax revenue and any additional costs the community will incur as the result of the proposed project;
  - c) impact the proposed project will have on current employees, including the potential for increased skills and wages;
  - d) impact the investment will have on the ability of the business to expand, upgrade, or modernize its capabilities;
  - e) the extent to which the investment will increase the Business' productivity and competitiveness; and
  - f) the potential for future growth in this industry
15. Is the Business actively considering locations outside of Iowa?  Yes  No  
If yes, where:
16. Indicate the amount of financial assistance being requested from the State of Iowa: \$ \_\_\_\_\_ What type/form of assistance is preferred (e.g. loans, forgivable loans, tax incentives, etc.)?
17. There are three general justifiable reasons for assistance. Check which reason financial assistance is being sought to overcome and indicate what measures were analyzed in determining the amount and form of assistance needed:
- Financing Gap - The Business can only raise a portion of the debt and equity necessary to complete the project. A gap between sources and uses exists and state and/or CDBG funds are needed to fill the gap.
- Rate of Return Gap - The Business can raise sufficient debt and equity to complete the project, but the returns are inadequate to motivate an "economic person" to proceed with the project. Project risks outweigh the rewards.
- Locational Disadvantage (Incentive) - The Business is deciding between a site in Iowa (site A) and a site in another state (site B) for its project. The Business argues that the project will cost less at site B and will require a subsidy to equalize costs in order to locate at site A. The objective here is to quantify the cost differential between site A and site B.
18. Identify which targeted industry cluster(s) this project fits into and explain why it fits into that cluster.

- |                          |                        |                          |                       |
|--------------------------|------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Advanced Manufacturing | <input type="checkbox"/> | Information Solutions |
| <input type="checkbox"/> | Life Sciences          | <input type="checkbox"/> | Other:                |

19. Please indicate what financial assistance program(s) the Business is applying to:

- |                          |   |                      |
|--------------------------|---|----------------------|
| <input type="checkbox"/> | CEBA  | (Complete Section B) |
| <input type="checkbox"/> | Enterprise Zone Program   | (Complete Section C) |
| <input type="checkbox"/> | New Capital Investment Program  | (Complete Section D) |
| <input type="checkbox"/> | New Jobs and Income Program   | (Complete Section E) |
| <input type="checkbox"/> | Iowa Values Fund  | (Complete Section F) |
| <input type="checkbox"/> | Entrepreneurial Ventures Assistance Program                                   | (Complete Section G) |
| <input type="checkbox"/> | Value Added Agricultural Products & Processes<br>Financial Assistance Program | (Complete Section H) |
| <input type="checkbox"/> | Economic Development Set-Aside Program  | (Complete Section I) |

*The Department reserves the right to review this application and determine, based on the proposed project and available program funds, which financial assistance program(s) is best suited for the Business' project. The actual program(s) utilized may vary from the programs indicated above.*

**SECTION B: CEBA**

1. Which program component is the Business applying for?

- Small Business Gap Financing  
 New Business Opportunity  
 New Product Development  
 Modernization Component

2. Funding Information:

Total Amount Requested:                 \$  
Loan Amount:                                 \$  
Forgivable Loan Amount:                 \$

*See Chapter 53, Section 261 in the CEBA Administrative Rules for maximum funding amounts. The CEBA program is not designed to provide 100% funding for any project and limits assistance based on the type of project submitted.*

3. Security: It is expected that 100% of the award be secured. Acceptable securities include: Personal Guarantee, Corporate Guaranty, Surety Bonds, UCC Financing Statement, Mortgage on Real Estate or Irrevocable Letter of Credit. Please list below the security to be pledged, the value and position of that security, and the amount owed (if applicable). If for some reason, this standard is not possible, an explanation must be provided.

Collateral Description:

*All awards secured by Personal Guarantees will require a current financial statement from each of the personal guarantors, which must be attached to the application.*

4. Attachment B1 (Existing Businesses Only): Copies of profit and loss statements and balance sheets for past three years, schedules of aged accounts receivable, aged accounts payable, and a schedule of other debts.

5. Attachment B2: Personal financial statements of principal owners and/or those who may be guaranteeing the debt if other than principal owners.

6. Attachment B3: Community resolution authorizing the submission of the application with a map indicating location of project.

7. Does the business certify that at least 10% of the positions to be created will be made available to qualified Promise Job Participants?      Yes      No

8. Are underground tanks (whether or not in current use) for the storage of petroleum products, agricultural or other chemicals, waste oil or other liquid waste or any other inflammable, corrosive, reactive or explosive liquid or gas located on the project site?  
 Yes      No     If yes, please explain:

Will the Business be storing above-ground, on or about the project site, in tanks or otherwise, any liquid or gas (as described above) or any inflammable, corrosive, reactive or explosive solid, for any length of time or any purpose?

Yes       No      If yes, please specify:

Will the Business be treating, transporting or disposing of any liquid, gas, or solid (described above) either on or about the project site or at a landfill or other treatment facility or upon any public street or highway, or on any waterway or body of water, or in any aircraft?       Yes       No      If yes, please specify the substance and what the Business will be doing with it.

9. Does the Business generate solid or hazardous waste?       Yes       No  
If yes, please describe and provide a copy of the Business' solid and hazardous waste reduction plans.

**SECTION C: ENTERPRISE ZONE PROGRAM**

1. In which Enterprise Zone will this project occur (include the zone's name, number, size in acres, and date certified)?
2. Attachment C1: Legal description of the business site on which the project will occur.
3. Attachment C2: Detailed map (no larger than 8"x14") showing the business site in relation to the boundaries of the certified Enterprise Zone.
4. Attachment C3: Affidavit that states the Business has not, within the last five years, violated state or federal environmental and worker safety statutes, rules, and regulations or, if such violations have occurred, that there were mitigating circumstances or such violations did not seriously affect public health or safety or the environment.
5. Please list any additional requirements adopted by the local Enterprise Zone Commission and how the Business will meet each requirement.

*The local Enterprise Zone Commission should submit the following:*

6. Attachment C4: Proof that the local Enterprise Zone Commission meeting, during which this application was approved, was open to the public (i.e. public notice which was published and/or posted).
7. Attachment C5: Meeting minutes from the local Enterprise Zone Commission meeting, during which this application was approved.
8. Attachment C6: Resolution by the local Enterprise Zone Commission approving this application.

**SECTION D: NEW CAPITAL INVESTMENT PROGRAM**

1. Attachment D1: Resolution by the County Board of Supervisors/City Council approving this application.
2. Attachment D2: Affidavit that states the Business has not, within the last five years, violated state or federal environmental and worker safety statutes, rules, and regulations or, if such violations have occurred, that there were mitigating circumstances or such violations did not seriously affect public health or safety or the environment.

**SECTION E: NEW JOBS AND INCOME PROGRAM**

1. In Attachment A3, the Business identified the jobs to be created. Please identify, on the attachment, those jobs that can be classified as non-management (or non-supervisory), production jobs. Total number of new non-management, production jobs?
  
2. The Business must meet **at least 3 or more** of the following requirements to be eligible:
  - Offer a pension or profit sharing plan to full-time employees.
  - Produce or manufacture high value-added goods or service or be in one of the state’s targeted industries\*:
  - Make day care services available to its employees.
  - Invest annually no less than 1% of pretax profits from the facility located to Iowa or expanded under the program in research and development in Iowa.
  - Invest annually no less than 1% of pretax profits from the facility located to Iowa or expanded under the program in worker training and skills enhancement.
  - Have an active productivity and safety improvement program(s) involving management and worker participation and cooperation. The program(s) shall include benchmarks for gauging compliance.
  - Occupy an existing facility where at least one of the buildings within the facility shall be vacant and shall contain at least 20,000 square feet.

*\* State’s targeted industries include: value-added agricultural products, insurance and financial services, plastics, metals, printing paper or packaging products, drugs and pharmaceuticals, software development, instruments and measuring devices and medical instruments, recycling and waste management, and telecommunications.*

3. Have all required environmental permits been issued and regulations met?  
 Yes    No   If no, please attach a list of pending permit applications and the timeframe within which the permits will be issued.

4. Project Schedule:

Project Activity	Estimated Completion Date For this Activity
<b>Estimated Project Completion Date</b>	

5. Attachment E1: Resolution by the County Board of Supervisors/City Council approving this application.
6. Attachment E2: Legal description of the "economic development area" in which the project will occur. Include the size, in acres, of the economic development area.
7. Attachment E3: Detailed map (no larger than 8"x14") showing the boundaries of the "economic development area."
8. Attachment E4: Copy of the Business' solid and hazardous waste reduction plans.
9. Attachment E5: Community's Request for a Waiver of Job Creation Requirement (if applicable).

**SECTION F: IOWA VALUES FUND**

1. Please address the return on investment to the State of Iowa.
2. Attachment F1: In Attachment A3, the Business identified the jobs to be created. For each job, provide a job description that defines the skill and education requirements for that job.
3. Attachment F2 (Existing Businesses Only): Copies of profit and loss statements and balance sheets for past three years, schedules of aged accounts receivable, aged accounts payable, and a schedule of other debts.
4. Attachment F3: Detailed information on the Business' owners, investors, and business structure. Personal financial statements on principal owners, and on those who may be guaranteeing the debt if other than principal owners.
5. Attachment F4: Certification from the Business of its intentions to maintain this project in Iowa for a period of at least 10 years and evidence to support this commitment.
6. Attachment F5: In section A, question 11, the Business completed a summary of project costs and proposed financing sources. Attach copies of bids, quotes, estimates and other cost documentation for project activities.
7. Security: It is expected that 100% of the award be secured. Acceptable securities include: Personal Guarantee, Corporate Guaranty, Surety Bonds, UCC Financing Statement, Mortgage on Real Estate or Irrevocable Letter of Credit. Please list below the security to be pledged, the value and position of that security, and the amount owed (if applicable). If for some reason, this standard is not possible, an explanation must be provided.

**Collateral Description:**

*All awards secured by Personal Guarantees will require a current financial statement from each of the personal guarantors, which must be attached to the application.*

**SECTION G: ENTREPRENEURIAL VENTURES ASSISTANCE PROGRAM**

1. Attachment G1: List of all owners (over 5%) by percentage of ownership.
2. Is this application being sponsored (financially or otherwise by a John Pappajohn Entrepreneurial Center, a Small Business Development Center or similar entity)?  
 Yes       No      If yes, please describe:
3. Has the business principal (or principals) completed a course of study specifically relating to business ownership and/or entrepreneurship?     Yes       No  
If yes, please describe:

*If the Business is requesting technical assistance, please answer the following questions:*

4. What will be the intended use for the technical assistance funds?
5. Please identify the service provider(s) you intend to use and a description of those services.
6. Attachment G2: Provide a budget outlining the expenses for the service to be performed.

*Any financial assistance received through the EVA program will be in the form of a loan. Repayment of the funds may be structured as a royalty investment or low interest loan. The IDED reserves the right to negotiate the amount, term, payback amount, and other conditions of an award.*

**SECTION H: VAAPFAP**

1. Which program component is the Business applying for?

- Innovative Agricultural Products & Processes  
 Renewable Fuels  
 Agricultural Biotechnology, Biomass and Alternative Energy  
 Organic & Emerging Markets

2. Funding Information:

Total Project Amount: \$

Total Amount Requested: \$

Loan Amount: \$

Forgivable Loan Amount: \$

3. Security: It is expected that 100% of the award be secured. Acceptable securities include: Personal Guarantee, Corporate Guaranty, Surety Bonds, UCC Financing Statement, Mortgage on Real Estate or Irrevocable Letter of Credit. Please list below the security to be pledged, the value and position of that security, and the amount owed (if applicable). If for some reason, this standard is not possible, an explanation must be provided.

Collateral Description:

*All awards secured by Personal Guarantees will require a current financial statement from each of the personal guarantors, which must be attached to the application.*

4. Attachment H1: Explain how the proposed project addresses the above-selected program component and the program rating criteria, as outlined in the VAAPFAP administrative rules. (If the business plan fully explains each of these items, a separate attachment is not needed.)

5. Attachment H2 (Existing Businesses Only): Copies of profit and loss statements and balance sheets for past three years, schedules of aged accounts receivable, aged accounts payable, and a schedule of other debts.

6. Attachment H3: Personal financial statements of principal owners and/or those who may be guaranteeing the debt if other than principal owners.

7. Attachment H4: In section A, question 11, the Business completed a summary of project costs and proposed financing sources. Attach copies of bids, quotes, estimates and other cost documentation for project activities.

## SECTION I: EDSA

*The Economic Development Set-Aside program utilizes federal funds from the federal Community Development Block Grant (CDBG) program. Funds are targeted toward business projects located in communities of less than 50,000 population. At least 51% of the created/retained employment opportunities must be made available to persons from low-to-moderate income households. Prior to submitting this application, please access the EDSA Supplement to Loan Application at [http://www.iowasmartidea.com/applications/bus\\_dev/2004edsasupplemental.doc](http://www.iowasmartidea.com/applications/bus_dev/2004edsasupplemental.doc). The supplement contains the federal guidelines for accessing CDBG funds and additional forms, which need to be completed and submitted with this application.*

1. Funding Information:

Total Amount Requested:                   \$

Loan Amount:                                   \$

Forgivable Loan Amount:                   \$

*The EDSA program is not designed to provide 100% funding for any project and limits assistance based on the type of project submitted.*

2. Security: It is expected that 100% of the award be secured. Acceptable securities include: Personal Guarantee, Corporate Guaranty, Surety Bonds, UCC Financing Statement, Mortgage on Real Estate or Irrevocable Letter of Credit. Please list below the security to be pledged, the value and position of that security, and the amount owed (if applicable). If for some reason, this standard is not possible, an explanation must be provided.

Collateral Description:

*All awards secured by Personal Guarantees will require a current financial statement from each of the personal guarantors, which must be attached to the application.*

3. Attachment I1: Completed and signed *Employer Certification* form. (included in EDSA Supplement)

*Applicants should be aware that, if an award is made, job figures give in this application will become a performance measure in the contract. Failure to achieve the number of jobs specified will result in sanctions against the business that will include the reimbursement of funds.*

4. In section A, question 6, the Business may have identified employees who will lose their jobs if the project does not proceed. Of these, how many are low-and-moderate income (LMI) persons?
5. Does the business certify that at least 10% of the positions to be created will be made available to qualified Promise Job Participants?    Yes    No
6. Will any part of the project take place in a 100-year flood plain?    Yes    No

7. Attachment I2 (Existing Businesses Only): Copies of profit and loss statements and balance sheets for past three years, schedules of aged accounts receivable, aged accounts payable, and a schedule of other debts.
8. Attachment I3: Personal financial statements of principal owners and/or those who may be guaranteeing the debt if other than principal owners.
9. Attachment I4: In section A, question 11, the Business completed a summary of project costs and proposed financing sources. Attach copies of bids, quotes, estimates and other cost documentation for project activities.
10. Attachment I5: Documentation of the commitment of each proposed project financing source identified in section A, question 11.
11. Are underground tanks (whether or not in current use) for the storage of petroleum products, agricultural or other chemicals, waste oil or other liquid waste or any other inflammable, corrosive, reactive or explosive liquid or gas located on the project site?  
 Yes       No      If yes, please explain:  
  
Will the Business be storing above-ground, on or about the project site, in tanks or otherwise, any liquid or gas (as described above) or any inflammable, corrosive, reactive or explosive solid, for any length of time or any purpose?  
 Yes       No      If yes, please specify:  
  
Will the Business be treating, transporting or disposing of any liquid, gas, or solid (described above) either on or about the project site or at a landfill or other treatment facility or upon any public street or highway, or on any waterway or body of water, or in any aircraft?       Yes       No      If yes, please specify the substance and what the Business will be doing with it.
12. Does the Business generate solid or hazardous waste?       Yes       No  
If yes, please describe and provide a copy of the Business' solid and hazardous waste reduction plans.

*The community should submit the following:*

13. Attachment I6: Copy of the notice of the public hearing, during which this application was approved, a copy of the minutes, and a map showing the location of the proposed project.
14. Attachment I7: Copy of community development and housing needs assessment. (Sample available on website listed below.)
15. Attachment I8: Signed *Assurances* page (included in EDSA Supplement).
16. Attachment I9: Completed and signed *Applicant/Recipient Disclosure/Update* form. (included in EDSA Supplement).

*The forms requested as Attachments I1, I8, and I9 and the sample Community Development and Housing Needs Assessment can be found on*  
[http://www.iowasmartidea.com/applications/bus\\_dev/2004edsasupplemental.doc](http://www.iowasmartidea.com/applications/bus_dev/2004edsasupplemental.doc).

Please note that an Environmental Assessment must be conducted prior to the project incurring costs. The requirements for the Environmental Assessment can be found in the EDSA Supplement.