

**West Virginia Infrastructure and Jobs Development Council**

**Critical Needs and Crisis Situation**

**Application Form**

I. Describe the Critical Need

II. Total Estimated Cost

III. Schedule to Resolve Critical Need

IV. Proposed Remedial Action

V. Account Balances

Revenue Fund  
Renewal and Replacement Fund  
Capital Maintenance Reserve Fund


VI. FEIN Number

Sponsor Name: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Title: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

