



CONTRIBUTOR COMMITMENT AGREEMENT

NEIGHBORHOOD ASSISTANCE PROGRAM (NAP)

SECTION I: GENERAL INFORMATION

1. LEGAL BUSINESS NAME:	2. DBA, IF APPLICABLE:	3. STATE FISCAL YEAR OF APPLICATION (JULY 1 – JUNE 30):
4. ADDRESS		
5. CITY:	6. STATE:	7. ZIP:
8. PRIMARY CONTACT NAME:	9. PRIMARY CONTACT TITLE:	
10. PRIMARY CONTACT EMAIL ADDRESS:	11. PRIMARY CONTACT PHONE:	

SECTION II: NAP INFORMATION

1. FEIN/TAXPAYER IDENTIFICATION NUMBER (*PREFERRED FEIN TO APPLY NAP TAX CREDIT):	2. AMOUNT OF CONTRIBUTION:	3. NAME OF NON-PROFIT APPLICANT:
	4. TYPE OF CONTRIBUTION: <input type="checkbox"/> Cash <input type="checkbox"/> In-Kind, Type of In-Kind Contribution:	
5. SELECT NAP PROGRAM:		
<input type="checkbox"/> Neighborhood Assistance Program (NAP) <ul style="list-style-type: none"> A tax credit of up to 65% of contribution can be awarded. Requires a one-year commitment. 		
<input type="checkbox"/> Neighborhood Partnership Program (NPP) – 5-Year Commitment <ul style="list-style-type: none"> Businesses must contribute at least \$50,000 annually for a minimum of five years and are eligible for a tax credit up to 90% of contribution. Signed MOU between NAP Contributor and NAP Applicant <i>Checking here indicates the contributor agrees to committing the above amount for a total of 5 years.</i> 		
<input type="checkbox"/> Neighborhood Partnership Program (NPP) – 6-Year Commitment <ul style="list-style-type: none"> Businesses must contribute at least \$50,000 annually for a minimum of 6 years and are eligible for a tax credit up to 95% of contribution. Signed MOU between NAP Contributor and NAP Applicant <i>Checking here indicates the contributor agrees to committing the above amount for a total of 6 years.</i> 		
<input type="checkbox"/> Special Program Priorities (SPP) <ul style="list-style-type: none"> A tax credit of up to 90% of contribution can be awarded. Requires a one-year commitment. 		
<input type="checkbox"/> Charitable Food Program (CFP) <ul style="list-style-type: none"> A tax credit up to 65% can be awarded. Requires a one-year commitment. 		
6. REVENUE CLEARANCE FORM: <input type="checkbox"/> Completed required Revenue Clearance Form for NAP Tax Credit.		7. REVENUE CLEARANCE FORM SUBMISSION DATE:

SECTION III: AUTHORIZATION

I agree the above information is accurate. I understand the applying business will receive up to the requested amount of tax credit if the application is approved.
1. CONTRIBUTOR NAME AND TITLE:
2. CONTRIBUTOR SIGNATURE AND DATE:
I understand the applying business will receive up to the requested amount of tax credit if the Neighborhood Assistance Program application is approved.
3. NAP APPLICANT/NON-PROFIT NAME AND TITLE:
4. NAP APPLICANT/NON-PROFIT SIGNATURE AND DATE:

Additional Information can be found in the [Neighborhood Assistance Program Contributor Handbook](#) and the [NAP Business Contributor Webpage](#). Eligible contributors are business firms authorized to conduct business in Pennsylvania and subject to the following taxes imposed by the Tax Reform Code of 1971, 72 P.S. § 7101, et seq.:

- Article III: Personal Income Tax*
- Article IV: Corporate Net Income Tax
- Article VII: Bank Shares Tax
- Article VIII: Title Insurance & Trust Company Shares Tax
- Article IX: Insurance Premiums Tax (excluding surplus lines, unauthorized, domestic/foreign marine)
- Article XV: Mutual Thrift Institutions Tax

*Only when passing through tax credits.

Such business firms may include pass-through entities, such as a partnership as defined in section 7301(n.0), a single-member limited liability company treated as a disregarded entity for federal income tax purposes, or a Pennsylvania S corporation as defined in section 7301 (n.1).

The Pennsylvania Department of Revenue evaluates all contributors for state tax compliance prior to project approval.