

# THDA NEW START ALLOCATION REQUEST

## FY2024-2025

	New Start Participant: _____ Primary Contact: _____			Telephone: _____ Email: _____		
	<b>FY2023-2024</b>			<b>FY 2024-2025</b>		
	<b>Actual Builds: Street/ZIP</b>	<b>Funding Source Name</b>	<b>Amount</b>	<b>Projected Builds-Est. Start</b>	<b>Funding Source Name</b>	<b>Amount</b>
<i>Ex.</i>	123 Main St. 35555	Primary Bank	100,000	2nd Qtr. 2020	THDA	100,000
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15						
* If more lines are needed, please submit duplicate form.				<b>THDA ALLOCATION REQUEST:</b>		\$

**NOTES/COMMENTS:**

**THDA USE ONLY:**