

Revolving Loan Fund Application

APPLICANT INFORMATION

1. APPLICANT NAME: (Contractually responsible party)

(Bank name if Mini-Loan Guarantee)

CONTACT NAME / TITLE: _____

ADDRESS: _____

PHONE: _____

FAX: _____

E-MAIL: _____

FTI #/SSN# _____

2. COMPANY NAME: (If different from applicant)

ADDRESS: _____

PHONE: _____

FAX: _____

E-MAIL: _____

3. COMPANY CONTACT / TITLE: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

FAX: _____

4. COMPANY PRIMARY SIC CODES: _____

5. PROJECT START DATE: _____

PROJECT END DATE: _____

6. JOB CREATION START DATE: _____

JOB CREATION END DATE: _____

COMPANY INFORMATION

7. DATE ESTABLISHED: _____

8. CEO NAME: _____

9. CFO NAME: _____

10. PRINCIPAL OWNER: _____

(Attach list if more than one and include percent of ownership)

SSN# _____

11. NAME OF U.S. PARENT COMPANY (If applicable): _____

FTI# _____

12. PLEASE CHECK AND COMPLETE AS APPLICABLE:

C CORPORATION

LIMITED PARTNERSHIP

S CORPORATION

LIMITED LIABILITY COMPANY

SOLE PROPRIETORSHIP

EMPLOYEE STOCK OWNERSHIP PLAN (ESOP)

PARTNERSHIP

(51%) MINORITY OWNED (MBE)*

(51%) WOMAN OWNED (WBE)

FOREIGN OWNED (Specify Name & Country)

JOINT VENTURE (Specify JV Partners)

*MBE is defined as African American, Hispanic, American Indian or Oriental. Please attach a copy of state certification.

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ECONOMIC IMPACT

13. PROJECT DESCRIPTION (Attach additional sheet if necessary):

14. PROJECT ADDRESS (If different from company):

ADDRESS: _____
PHONE: _____ FAX: _____
E-MAIL: _____

15. COUNTY: _____

16. CITY/VILLAGE/TOWNSHIP: _____

17. STATE SENATOR: _____ 18. STATE REP.: _____

19. TYPE OF BUSINESS: _____
(Manufacturing, Distribution, Research & Development, etc.)

20. PRIMARY PRODUCT/SERVICE TO BE PROVIDED AT PROJECT SITE: _____

21. PROJECT TYPE: START-UP EXPANSION RELOCATION CONSOLIDATION

22. IF RELOCATION/CONSOLIDATION SPECIFY FROM WHERE:

STATE (Specify) _____
 COUNTIES (In Ohio) _____
 MUNICIPALITIES (In Ohio) _____

23. RELOCATION OF JOBS:
 NO YES (How Many?)

24. NUMBER OF PEOPLE TRANSFERRING TO OHIO: _____
25. INTERSTATE/INTERNATIONAL COMPETITION FOR PROPOSED PROJECT: NO YES
(List States/Countries) _____

26. FULL-TIME EMPLOYMENT COMPOSITION:

STATE:		PROJECT SITE:	
A. # Total Existing Full-Time Employees	_____	E. # Total Existing Full-Time Employees	_____
B. # Women	_____	F. # Women	_____
C. # Minority	_____	G. # Minority	_____
D. # FTE*	_____	H. # FTE*	_____

27. PROJECTED EMPLOYMENT (Project Site):

	YR 1	YR 2	YR 3
A. # Retained Full-Time	_____	_____	_____
B. # New Employees Full-Time	_____	_____	_____
C. # Minority Projected	_____	_____	_____
D. # Women (OITP only)	_____	_____	_____
E. # LMI (CDBG only)	_____	_____	_____
F. # FTE *	_____	_____	_____
G. AVERAGE HOURLY WAGE \$ (New Full-Time Employees)	_____	H. AVERAGE HOURLY BENEFITS \$ (New Full-Time Employees)	_____

A full-time employee is an employee working an average of at least 35 hours per week/annually. Minority is defined for employment purposes as African American, Asian American, Native American or Pacific Islander.

*FTE = Full-time equivalents (e.g. two part-time employees working a total of at least 35 hrs./week).

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PROJECT COSTS/USE OF FUNDS

	TOTAL	EQUITY	PRIVATELENDER	STATE ASSISTANCE	OTHER PUBLIC (Please Identify)
FIXED ASSET COSTS					
A. Land					
B. Building					
* Acquisition					
* New Construction					
* Renovation					
* Leasehold Improvements					
C. Machinery & Equipment					
D. On-Site Infrastructure/Site Preparation (List)					
E. Professional Fees/Interim Costs					
* Arch/Eng/Appraisal					
* Construction Interest					
F. Admin. Costs (CDBG only)					
TOTAL FIXED ASSET COSTS					
NON-FIXED ASSET COSTS					
G. Furniture/Fixtures					
H. Training Costs					
* Instruction					
* Wages while in training					
I. Working Capital					
J. Other Costs (Specify)					
TOTAL NON-FIXED ASSET COSTS					
TOTAL COMPANY INVESTMENT (Total Fixed and Non-Fixed)					
OFF-SITE INFRASTRUCTURE					
* Water & Sewer					
* Flood & Drainage					
* Rail					
* Professional Fees					
TOTAL OFF-SITE COSTS					

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CHECK LIST FOR SUBMISSIONS WITH FINANCIAL ASSISTANCE APPLICATION

- Tax Information Disclosure Authorization (See Attachment I)
- W-9 Tax ID Form (See Attachment II)
- Financial Liability Form (See Attachment III)
- History of Existing Business
- Narrative Description Substantiating Job Creation and /or Retention Claim
- Narrative Explanation Substantiating Why This Project Will Not Go Forward Without the Stat's Assistance
- Attach List of Owners & Percentage Ownership if More Than One
- MBE Certificate (If Applicable)

ODOD USE ONLY

- | | | | |
|--------------------------|------------|--------------------------|-----------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

SUBMISSION ACKNOWLEDGEMENT

As an authorized agent of the Applicant, I hereby submit this Financial Assistance Application. I understand that any false statement in this record may subject the Applicant Company and signer to criminal prosecution. I understand that additional information may be requested. **I also understand that this document in no way constitutes a commitment of funds by the State of Ohio or any of its programs.**

Applicant Signature

Typed Name

Title

Date

Applicant Signature
(If different from applicant)

Typed Name

Title

Date