

**DEPARTMENT OF NEIGHBORHOOD AND BUSINESS DEVELOPMENT
BUSINESS INCENTIVE GRANT PROGRAM APPLICATION**

I. APPLICANT (COMPANY/USER)

Name of Company/User of Funds Social Security Number

Name of Borrower (if different from user)

Relationship of Borrower to Company/User

Street Address of Borrower

City State Zip

Contact Person Title

Telephone

Street Address of User

City State Zip

Telephone

**II. PRINCIPAL OFFICERS
(Name and Title)**

Name and Title

Name and Title

Name and Title

(Attach additional information is necessary)

III. INFORMATION ON EXISTING/PROPOSED BUSINESS

Type of Business

Principal Product/Services

Date Established

(Std. Ind. Code Number)

Federal Employer Identification Number

Name financial institution(s) in which business has established accounts

Bank Name

Contact Name and Telephone

Bank Name

Contact Name and Telephone

Bank Name

Contact Name and Telephone

III. DESCRIPTION OF PROPOSED PROJECT

Location

Address

City/Village/Township

County

If relocation, indicate previous location

Project Description

Project/Services to be provided

Tentative Project Start-Up Date

Tentative Completion Date

IV. PROJECT COSTS/USE OF FUNDS

Land	\$ _____
Building	
New construction	\$ _____
Acquisition	\$ _____
Renovation	\$ _____
Equipment	
_____	\$ _____
Type of Equipment	
_____	\$ _____
Type of Equipment	
_____	\$ _____
Type of Equipment	
Inventory	\$ _____
Working Capital	\$ _____
Other: _____	\$ _____
TOTAL PROJECT COST	\$ _____

V. PROJECT FINANCING/SOURCE OF FUNDS

_____	\$ _____
Name Participating Lender	

Rate	Term
_____	_____
Name Participating Lender	\$ _____

Name/Type of City Assistance	\$ _____

Cash Equity Contribution	\$ _____

Other Financing Sources	\$ _____

Rate	Term
_____	_____
TOTAL PROJECT COSTS	\$ _____

VI. FINANCING INFORMATION

Name of Participating Lender

Address _____ City/State _____

Loan Officer _____ Telephone _____

Name Other Financing Source _____

Address _____ City/State _____

Loan Officer _____ Telephone _____

Are all financing sources committed? yes no

If no, specify: _____

VII. PROJECT IMPACT

Most Current Year End 20_____	<u>Expected Results of the Project</u> Year One 20____ Year Three 20_____
New Jobs Created _____	
Jobs Retained _____	_____

HISTORICAL FINANCIAL INFORMATION

	Projected Interim	20_____	20_____	20_____
	_____ Months			
Annual Sales Revenue	\$ _____	\$ _____	\$ _____	\$ _____
Profit After Tax	\$ _____	\$ _____	\$ _____	\$ _____
Depreciation	\$ _____	\$ _____	\$ _____	\$ _____
Annual Debt Service	\$ _____	\$ _____	\$ _____	\$ _____
Officer's Salaries	\$ _____	\$ _____	\$ _____	\$ _____

VIII. SUPPORTING DOCUMENTS

Please submit applicable supporting documentation with your application. Please indicate with a (X) if this information is included.

- Three (3) years Historical Financial Statements (Balance Sheet, P&L)
- Three (3) years Projected Financial Statements (Balance Sheet, P&L)
- Interim Financial Statements (not more than 90 days old)
- Personal Financial Statements (10% ownership or more)
- History/Description of Business and New Project
- Letter of Commitment from Participating Bank
- Written Estimate from Dealer or Manufacturer of item being purchases with loan proceeds
- Purchase and Sales Agreement
- Articles of Incorporation
- Resumes of Officers and Key Management Personnel
- One Year (month by month) Cash Flow Statement
- Information on current working capital line
- List of Suppliers and Creditor
- Aging Schedule of Accounts Receivable
- Aging Schedule of Account Payable
- Listing of Hazard Insurance
- Legal Description of Real Estate to be used as collateral
- Key Person Life Insurance
- Partnership Agreement
- Job Creation/Retention Information

Provide the following information if loan proceeds are being used for construction or renovation.

- Detailed listing of Estimate Cost of Project
- Preliminary construction and renovation plans and specifications
- Construction contractors bid estimates for the proposed construction and renovations
- Blue Prints

IX. SUBMISSION ACKNOWLEDGMENT

As an authorized agent of the Applicant Company, I hereby submit my completed application. I understand that any false statement in this record may subject the Applicant Company and signer to criminal prosecution. I also understand that this is a formal application for financial assistance and understand that additional information may be requested.

Name of Company

Received by the Department of
Development

Print or Type Name

Print of Type Name

Signature

Signature

Title

Title

Date

Date

CITY OF TOLEDO
Department of Neighborhood and Business Development

Business Financial Statement

Assets

If Joint, list with whom

Cash on Hand _____
Savings Account _____
IRA Account _____
Stocks/Bonds _____
Mortgage _____
Notes Due You _____
Real Estate _____
Life Ins. Cash Value _____
Automobile _____
Personal Property _____
Other _____

Total Assets _____

Liabilities

If Joint, list with whom

Business bank Loans _____
Personal Loans _____
Installment Acct (auto) _____
Installment Acct (auto) _____
Loans on Life Ins. _____
Real Estate Mortgages _____
Credit Cards (list all) _____

Unpaid Taxes _____
Other Liabilities _____

Total Liabilities _____

Stocks and Bonds (Number of shares/name Securities/cost/market value/total value)

Real Estate Owned

Type of Property _____
Date Purchased _____
Present Market Value _____
Name/Address Mortgage Holder _____

Mortgage Balance _____
Monthly Payment _____
Status of Mortgage _____

	Monthly	If Joint
Salary	_____	_____
Interest	_____	_____
Bonds	_____	_____
Dividends	_____	_____
Real Estate Income	_____	_____
Other Income	_____	_____

Life Insurance

Owner _____
Company _____
Beneficiary _____
Amount & Cash Value _____

All Other Assets _____

The foregoing financial statement has been fairly and accurately presented according to the best of my/our knowledge and belief.

Signature

Date

Signature

Date

CITY OF TOLEDO
DEPARTMENT OF NEIGHBORHOOD AND
BUSINESS DEVELOPMENT
BUSINESS INCENTIVE GRANT PROGRAM (BIG)

APPLICATION

This application is designed to provide information regarding your proposed project. Should you want to expand beyond the space provided in this application, you may include an attachment. If any of the requested information is not included along with the application, the Department Neighborhood and Business Development will be unable to process your request.

Signature

Date of Application Submission

FINANCIAL ASSISTANCE SECTION
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Toledo, Ohio 43604
419.245.1286