

## Request for Economic Development Support

Date Application Completed by Applicant: \_\_\_\_\_

Date Received in Economic Development: \_\_\_\_\_

### Instructions:

*The following information must be submitted with this application before legislative action may be taken:*

- Most current interim financial statements (not more than 90 days old) and the previous year's financial statement
- Narrative history of existing businesses
- Site plan or expansion plan (if available)
- Project description and projected budget of project
- Any other information that you feel will assist in the review of your project

### A. Type of Assistance Desired *(If unknown, please leave blank. Please check all that apply.)*

\_\_\_ Forgivable Business Loan Grant    \_\_\_ TIF    \_\_\_ CRA    \_\_\_ Other *(Please attach statement)*

### B. Applicant Company/User

Name of Company/User: \_\_\_\_\_

Name of Applicant *(if different)*: \_\_\_\_\_ Relationship to Company/User: \_\_\_\_\_

Company/User Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Federal Tax ID Number *(Company/User)*: \_\_\_\_\_ Federal Tax ID Number *(borrower, if different)*: \_\_\_\_\_

### C. Existing Business Information

Business Type: \_\_\_\_\_ Principle Product/Service: \_\_\_\_\_

Date established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Four Digit SIC #/NAICS Code: \_\_\_\_\_

### D. Description of Proposed Project

Location: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Local Jurisdiction: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

School District: \_\_\_\_\_

Is this a relocation of an existing business? \_\_\_ Yes \_\_\_ No    If yes, from where? \_\_\_\_\_

*Note: A full-time employee is defined as one employee working a 40-hour workweek, year round.*

How many jobs will be relocated?    Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

If located in the County, how many jobs will be retained?    Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

How many new jobs will be created?    Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

What will be the total new payroll associated with the project? \_\_\_\_\_

Project Description *(This section may refer to attached information and should include any existing/past economic development incentives):*

\_\_\_\_\_

Products/Services to be provided: \_\_\_\_\_

Will this project incorporate LEED-design, energy conservation, or environmental presentation features?      \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

## E. Project Budget

### Project Costs:

Land \$ \_\_\_\_\_

Building \$ \_\_\_\_\_

Tenant Improvements \$ \_\_\_\_\_

Other *(Break out if applicable)* \$ \_\_\_\_\_

**Total Project Costs** \$ \_\_\_\_\_

### Project Funding:

Owner Equity \$ \_\_\_\_\_

Requested City Funding *(if applicable)* \$ \_\_\_\_\_

Other *(Break out if applicable)* \$ \_\_\_\_\_

**Total Project Funding** \$ \_\_\_\_\_

## F. Principal Officers/Owners *(If they are required for the business to enter into legally binding agreements)*

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

Percent Ownership: \_\_\_\_\_ Address *(If different from the company)*: \_\_\_\_\_

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

Percent Ownership: \_\_\_\_\_ Address *(If different from the company)*: \_\_\_\_\_

## G. Participating Lender(s) *(If applicable)*

Lending Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

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Lending Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

## H. Time Frame

Project Start Date: \_\_\_\_\_ End date: \_\_\_\_\_

Requested Financing/Program Needed By: \_\_\_\_\_

\* Please note that any information shared with the County is a public document and therefore subject to a public records request. This application does not serve as an agreement between the County and the Applicant. If the parties choose to enter into an Economic Development Agreement the terms of the final agreement will govern and not information that is provided in this application; specifics regarding incentives, income thresholds and length of terms will be addressed in the final agreement. This application is subordinate to the final agreement. \_\_\_\_\_ (Please initial)

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date