



**APPLICATION MUST BE SUBMITTED PRIOR TO PROJECT COMMENCEMENT, FAILURE TO COMPLY WILL RESULT IN FUNDING INELIGIBILITY**

**THE FOLLOWING ATTACHED FORMS MUST BE COMPLETED AND SUBMITTED WITH APPLICATION:**

- Resumes for all principals with 10% ownership (Exhibit A)
- Schedule of Fund Sources & Uses (Exhibit B)
- Business Summary (Exhibit C)
- Two-year projections with assumptions (Exhibit D)

**PLEASE MAKE SURE THAT THE FOLLOWING ARE ALSO INCLUDED WITH YOUR APPLICATION:**

Third Party Cost Estimates (Purchase Agreements, Quotes, etc.)

\*\*Need at least (2) two quotes for demolition

**PLEASE RETAIN A COPY OF YOUR COMPLETED APPLICATION AND ALL DOCUMENTATION, PAPERWORK WILL NOT BE RETURNED**

ALL EXHIBITS AND QUESTIONS MUST BE COMPLETED. AN INCOMPLETE APPLICATION MAY DELAY THE PROCESSING OF THE REQUESTED LOAN. IF NECESSARY, DETAILS MAY BE INCLUDED ON ADDITIONAL SHEETS

**PLEASE RETURN COMPLETED APPLICATION TO:  
Department of Community Planning and Economic Development  
20 W. Federal Street, Suite 602  
Youngstown, OH 44503**



**PLEASE INDICATE PROGRAMS WHICH YOU ARE SEEKING FOR THIS PROJECT**

- ( ) SUBORDINATED LOAN/PERFORMANCE GRANT
- ( ) TAX ABATEMENT
- ( ) DEMOLITION GRANT  
ANTICIPATED COST OF DEMOLITION \$ \_\_\_\_\_
- ( ) FAÇADE GRANT (applicable for exterior renovations only)
- ( ) TECHNICAL ASSISTANCE GRANTS (eligible for MBE/WBE/DBE applicants only)

**\*\*Funding will be provided only for those services/activities incurred subsequent to Board of Control approval**

1. DATE: \_\_\_\_\_
2. COMPANY NAME: \_\_\_\_\_
3. BUSINESS ADDRESS: \_\_\_\_\_
4. PROJECT LOCATION: \_\_\_\_\_
5. TAX IDENTIFICATION NUMBER \_\_\_\_\_
6. BUS. PHONE: \_\_\_\_\_ ALT. PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_
7. NAME OF CONTACT PERSON & TITLE:  
\_\_\_\_\_  
\_\_\_\_\_
8. TOTAL PROJECT COST: \$ \_\_\_\_\_

(FOR OFFICIAL USE ONLY)

QUALIFYING GRANT FUNDS:

9. LIST WHAT WILL FUNDS BE USED FOR: ATTACH A THIRD PARTY COST ESTIMATE FOR MACHINERY AND EQUIPMENT OR OTHER ITEMS THAT FUNDS WILL BE USED FOR, THEN ITEMIZE BELOW:

(USE AS EXHIBIT B)

10. LIST ALL OTHER FUND SOURCES FOR THIS PROJECT, THE AMOUNT & WHAT ASPECT OF PROJECT FUNDS ARE BEING USED FOR:

(USE AS EXHIBIT B)

11. PLEASE STATE UNDER WHICH TYPE OF ORGANIZATION YOUR COMPANY PRESENTLY OPERATES (CHECK ONE):

- ( ) SOLE PROPRIETORSHIP      ( ) CORPORATION
- ( ) FRANCHISE      ( ) JOINT VENTURE
- ( ) PARTNERSHIP      ( ) OTHER-SPECIFY \_\_\_\_\_

If corporation, attach copy of Stock Journal and Articles of Incorporation.

12. LIST ALL OWNERS, PARTNERS, AND STOCKHOLDERS, PERCENTAGE (%) OWNED, AND OFFICER STATUS OF OWNERS:

	PRESIDENT	%
	VICE PRESIDENT	%
	TREASURER	%
	SECRETARY	%

13. DATE BUSINESS ESTABLISHED: \_\_\_\_\_

14. IS THIS A MINORITY BUSINESS AS DEFINED BELOW:

\_\_\_\_\_(YES) \_\_\_\_\_(NO)

The owners and controllers of the business are minority group persons and/or female individuals;

In the case of a partnership, 51% of the beneficial ownership interests and control are held by minority groups;

Certified by the State of Ohio, regional or local government as a Minority Business Enterprise.

SDB, 8(a) HUBZone Certified by SBA  
EDGE Certified

15. PLEASE STATE, SEX AND RACE OR ETHNIC ORIGIN OF OWNERS:

( )MALE ( )FEMALE

( )BLACK ( )AMERICAN INDIAN ( )ALASKAN NATIVE

( )HISPANIC ( )ASIAN PACIFIC ISLANDER

( )CAUCASIAN ( )OTHER

16. CURRENT NUMBER OF EMPLOYEES:

FULL TIME:\_\_\_\_\_ PART-TIME:\_\_\_\_\_ SEASONAL:\_\_\_\_\_

FEMALE:\_\_\_\_\_ MINORITY:\_\_\_\_\_

TOTAL ANNUAL PAYROLL \$ \_\_\_\_\_

17. IF LOAN IS APPROVED, HOW MANY NEW JOBS WILL BE CREATED IN:

YEAR 1 only:\_\_\_\_\_ YEAR 2 only:\_\_\_\_\_ YEAR 3 only:\_\_\_\_\_

Provide on an attached sheet a description of jobs and rate of pay

18. HAVE YOU EVER FILED BANKRUPTCY?\_\_\_\_\_ (YES) \_\_\_\_\_ (NO)

If yes, please furnish details on separate sheet of paper and include with application and bankruptcy papers.

19. HAVE THE PRINCIPALS BEEN CONVICTED OF ANY CRIMINAL OFFENSES, ON PAROLE OR PROBATION, OR PRESENTLY UNDER INDICTMENT? IF YES, PLEASE GIVE DETAILS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

20. ARE YOU OR YOUR BUSINESS INVOLVED IN ANY PENDING LAWSUITS? IF YES, PROVIDE THE DETAILS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

21. WHAT BANK(S) DOES THE BUSINESS OR PRINCIPALS CURRENTLY BANK WITH?  
NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

WILL THIS BE THE BANK YOU CHOOSE TO USE FOR THE INITIATIVE PROGRAM?

\_\_\_\_\_

IF NO, PLEASE LIST THE INSTITUTION YOU WILL USE

\_\_\_\_\_

22. LIST GOVERNMENT AGENCIES WITH WHICH YOUR FIRM IS CURRENTLY CERTIFIED  
AS A MINORITY BUSINESS ENTERPRISE (IF APPLICABLE): \_\_\_\_\_

\_\_\_\_\_

23. LIST AREAS OR TRADES FOR WHICH YOUR FIRM IS CERTIFIED BY A  
GOVERNMENTAL AGENCY (IF ANY): \_\_\_\_\_

\_\_\_\_\_

24. LIST COLLATERAL TO BE USED FOR PROJECT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXHIBIT A**

**DIVISION OF ECONOMIC DEVELOPMENT FINANCING  
RESUME FORM**

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_

City State Zip

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Education \_\_\_\_\_

High School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

College/University	Degree/Major	Yr. of Graduation

Employment History

Current Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Current Annual Salary \_\_\_\_\_ Date of Hire \_\_\_\_\_

Additional Compensation \_\_\_\_\_

Current Function and Title \_\_\_\_\_

Previous Functions with Current Employer \_\_\_\_\_

Previous Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_

Function and Title \_\_\_\_\_

Previous Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_

Function and Title \_\_\_\_\_

Military Service \_\_\_\_\_

Professional Associations \_\_\_\_\_

I certify that the above statements are true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





Company Profit & Loss Projection      Year 1

**EXHIBIT D**

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
SALES CASH													
CREDIT													
TOTAL SALES													
COST OF SALES													
GROSS PROFIT													
OFFICER SALARY (IES)													
WAGES													
RENT-PROPERTY													
RENT-EQUIPMENT													
AUTO/TRUCK EXPENSES													
OFFICE SUPPLIES													
ADVERTISING													
TELEPHONE & UTILITIES													
BAD DEBTS													
TAXES/LICENSES													
DEPRECIATION													
REPAIRS/MAINTENANCE													
ACCOUNTING/LEGAL													
INSURANCE													
INTEREST													
INTEREST/OTHER													
OFFICE EXPENSES													
ROYALTIES													
MISCELLANEOUS													
OTHER													
<b>TOTAL EXPENSES</b>													
<b>NET PROFIT</b>													

Please attach assumptions to this projection. Indicate seasonally during the year.

Signature \_\_\_\_\_ date \_\_\_\_\_

Company Profit & Loss Projection      Year 2

**Exhibit D**

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
SALES CASH													
CREDIT													
TOTAL SALES													
COST OF SALES													
GROSS PROFIT													
OFFICER SALARY (IES)													
WAGES													
RENT-PROPERTY													
RENT-EQUIPMENT													
AUTO/TRUCK EXPENSES													
OFFICE SUPPLIES													
ADVERTISING													
TELEPHONE & UTILITIES													
BAD DEBTS													
TAXES/LICENSES													
DEPRECIATION													
REPAIRS/MAINTENANCE													
ACCOUNTING/LEGAL													
INSURANCE													
INTEREST													
INTEREST/OTHER													
OFFICE EXPENSES													
ROYALTIES													
MISCELLANEOUS													
OTHER													
<b>TOTAL EXPENSES</b>													
<b>NET PROFIT</b>													

Please attach assumptions to this projection. Indicate seasonally during the year.

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Signature \_\_\_\_\_

Date \_\_\_\_\_