Applicant Name	

# **APPLICATION**

# **STREDC**

# **RE-INVESTMENT FUND**

**Southern Tier Regional Economic Development Corporation** 

#### **APPLICATION**

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#### Part A. Application Checklist and Certification

Include a completed Application Checklist and signed Certification with the application.

Item	Yes	N/A
	1 163	

1	Based on the business' form of organizational structure, provide the following: Sole Proprietorship – filing receipt; Partnership – partnership agreement and filing receipt; Corporation – articles of incorporation or filing from New York State Secretary of State; Franchise – copy of franchise agreement and FTS Disclosure Statement; Limited Liability Company or Limited Liability Partnership – copy of operating agreement	
2	Evidence of property ownership or pending acquisition (i.e., assigned option or purchase agreement)	
3	If applicable, a copy of any existing or proposed lease agreement.	
4	The names of affiliated (through ownership or management control) or subsidiary businesses as well as the last two fiscal year-end financial statements and /or federal income tax returns for the last two years.	
	Statement of personal history and a personal financial statement current within 90 days for each proprietor, partner or stockholder with 20% or more ownership of business concern, and if different, each owner with 20% or more ownership of alter ego. See form included in Attachment B of this application form.	
6	A balance sheet and income/expense statement as well federal income tax returns for the past three years. If a new business, provide a pro forma balance sheet with a description of assumptions attached.	
7	A balance sheet and income/expense statement dated within 120 days of the application, together with an aging of the accounts receivable and accounts payable listed.	
8	A projected, annualized income and expense statement for the first two years after the loan with a description of assumptions attached.	
9	For a new business, a monthly cash flow projection for the first two years, including significant assumptions.	
10	A schedule of debts which includes the original date and amount, monthly payment, interest rate, balance owed, maturity date, to who payable, and identification of collateral securing the loans. Please indicate whether the loan is current or delinquent.	
11	Written business plan, which includes a history and description of the business and project; analysis of management ability and description of the qualifications and background of the principals involved in day-to-day management; and description of the business/product, market, customer base and competition.	
12	Documentation to verify use of funds including, but not limited to: real estate purchase agreements; contractor cost estimates; quotes for machinery and equipment; breakdown of uses for working capital.	
13	Written commitments from all participating funding sources including private investors, lenders and funding agencies/institutions. The commitments should state the terms and conditions of participation <b>and why it will not finance the entire project</b> . A letter of interest does not constitute a firm commitment.	
14	Environmental assessment, if applicable.	
15	Board Resolution which authorizes the business to borrow. (if applicable)	
16	Resumes of key management and stockholders with 20% or more ownership.	
17	Contacted the respective county economic development agency to discuss the project and receive their endorsement prior to making application.	
18	One (1) copy of the entire application, including attachments. If possible, an additional electronic copy of the application with attachments should also be provided.	
19	\$250 application fee payable to STREDC Fee is non-refundable. Place check in an envelope and insert inside front pocket of the application binder.	

**Certification:** The undersigned solemnly affirms that to the best of my knowledge, information and belief, the application is complete and that all statements, including all schedules, attachments and additional information submitted in connection herewith, are true and accurate. I hereby authorize the Regional Economic Development and Energy Corporation to order credit reports or other financial background information on the applicant, and any individual or entity proposed as a guarantor, as may be necessary to provide the assistance requested.

Official Signature	
Type Name	
Title	Date

Part B.	<b>Applicant</b>	Information
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<b>Applicant Name:</b>	

Municipality: Zip	Code: Code:	ounty:
Contact Person:	Title:	
Phone: E-mail: _		
Business Structure: Corporation $\Box$ Partner	rship 🗆 LLP 🗆	LLC ☐ Sole Proprietor ☐
Federal Employer Identification Number (FEIN):		
NYS Unemployment Insurance Tax Number:		
Existing Business: Yes Year Established:	New	Business Formation: Yes
Names of affiliated (through ownership or mana	agement control) or sul	bsidiary businesses:
nclude the names of affiliated (through owners as the last two fiscal year-end financial statement of affiliated or subsidiary business as <b>Attachmen</b>	ents and /or federal inc	come tax returns for the last two years
Part C. Project Information		
Project Name:		
Project Location Address:		
Municipality:Zip: _	County:	
Total Project Cost: \$ Total	tal Amount of Funding	Request: \$
Brief Description of Project: (add sheets if requin	red)	


## Part D. Project Financing

Capital Investment in the Project (Include capital investment by all funding sources.)

Capital Investment	(Past Year)	Initial Investment	Year 1 (\$)	Year 2 (\$)	Total Investment
Land	\$	\$	\$	\$	\$
Building	\$	\$	\$	\$	\$
Machinery	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

Equipment					
la canta m	ć	ć	ć	ć	ć
Inventory	\$	\$	<u> </u>	\$	\$
Other	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

**Sources and Uses Statement** (STREDC Loan max is \$250,000, and cannot exceed 40% of the total project cost.)

		SOURCES: Funding Source (\$)					
USES	Owner Equity*	STREDC Loan	Bank Loan	Federal and State Grants	Other	Total	
Land	\$	\$	\$	\$	\$	\$	
Building	\$	\$	\$	\$	\$	\$	
Machinery	\$	\$	\$	\$	\$	\$	
Equipment	\$	\$	\$	\$	\$	\$	
Inventory	\$	\$	\$	\$	\$	\$	
Working Capital	\$	NA	\$	\$	\$	\$	
Other	\$	\$	\$	\$	\$	\$	
Total	\$	\$	\$	\$	\$	\$	

*Ow	nor Fauity	must he at	t least 10% o	f the nroi	act cost
UW	nei Luuity	THUSE DE AL	1503L IV/0 V	I LUC DIO	ELL LUSL.

Describe Other:	
Describe significant assumptions:	

**Status of Funding Sources** 

		Status of Funds			
Source	Amount of Funds	Receive d	Committed	Requested	Status of Application
	\$				

\$		
\$		
\$		
\$	П	

#### **Supporting Financial Information**

Provide the following information as appropriate to the project.

**Financial Statement**: Personal financial statement current within 90 days for each proprietor, partner or stockholder with 20% or more ownership of business concern, and if different, each owner with 20% or more ownership of alter ego. See form contained in Attachment B. of this application.

**Balance Sheet, Income Statement and Tax Returns:** A balance sheet and income/expense statement as well federal income tax returns for the past three years. If a new business, provide a pro forma balance sheet with a description of assumptions.

Accounts Receivable/Payable Statement, Balance Sheet and Income Statement Within 120 Days: A balance sheet and income/expense statement dated within 120 days of the application, together with an aging of the accounts receivable and accounts payable listed.

**Projected Income Statement:** A projected, annualized income and expense statement for the first two years after the loan with a description of assumptions attached.

**Projected Cash Flow Statement:** For a new business, a monthly cash flow projection for the first two years, including a list of significant assumptions.

**Schedule of Debts:** A schedule of debts which includes the original date and amount, monthly payment, interest rate, balance owed, maturity date, to who payable, and identification of collateral securing the loans. Please indicate whether the loan is current or delinquent.

**Business Plan:** Written business plan, which includes a history and description of the business and project; analysis of management ability and description of the qualifications and background of the principals involved in day-to-day management. Description of the business/product, market, customer base and competition.

**Letters of Support:** Letter(s) from governing body in support of the project and stating that it is consistent with local strategic plans, zoning, etc.

**Documentation of Use of Funds:** Documentation to verify use of funds including, but not limited to: real estate purchase agreements; contractor cost estimates; quotes for machinery and equipment; breakdown of uses for working capital.

**Financial Commitments:** Written commitments from all participating funding sources including private investors, lenders and funding agencies/institutions. The commitments should state the terms and

conditions of its participation and why it will not finance the entire project. *A letter of interest does not constitute a firm commitment.* 

Part E. Pro	ject Read	liness
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Permits and Project Approvals							
Does the project require any approvals such as environmental or zoning? Yes No							
2. Does the project require any fe	deral, NYS, county, local or other s	special permits? Yes No					
List all State, Federal and local periodocumentation with application ma		for the project and their status. Include					
Agency Name	Permit Name	Status					
Project Timeline							
Project Start Date:	Project End Date	2:					
Include evidence of current proper purchase agreement for all proper	rty ownership and/or pending acq ties).						
	involved, include a copy of any exi	sting or proposed lease agreement.					
Part F: Project Impact							
The following information is require	red to evaluate the impact of the p	project.					
1. Current assessed value of the p	roperty \$						
2. Square footage of construction	or expansion project:	<del></del>					
3. Estimated number of construction jobs created by this project:							

4. Estimated number of permanent jobs to be created by this project: full-time; part-time
5. Will the project result in the development and promotion of value-added products?  If so, describe how
6. Does the project involve utilization of technology or a new process approach to new product development or to increase operating efficiencies and profit margin for achieve long-term sustainability?
7. How does the project leverage other financial resources (i.e., owner cash, bank loans, other private investment, federal or state loans/grants, etc.)?
9. Will the project utilize Minority and/or Women Owned Business Enterprises? Describe:
10 Impact on County Region and State Economies if applicable:

10.	Impact on C	County, Region	and State Ec	conomies, if	applicable:
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Current Purchases	Local County	Regional (Southern Tier)	State New York State	Total Investment
Total Avg Yearly Goods in \$ Currently Purchased in:	\$	\$	\$	\$

Purchases Resulting from Project	Local County	Regional (Southern Tier)	State New York State	Total Investment
Total Avg Yearly Goods in \$ to be Purchased as a Result of the Project	\$	\$	\$	\$

Property and Special District Taxes	Year 1 (following project completion)	Year 2 (following project completion)	Year 3 (following project completion)	Total Investment
Property & Special District Taxes Paid	\$	\$	\$	\$
Sales & Use Taxes Paid	\$	\$	\$	\$

11. Job Impact: Indicate the number of full time or full time equivalents to be created or retained by this project. Differentiate "new" versus "retained" jobs.

		FTE's	FTE's	FTE's	FTE's
Job <u>Title</u>	Pay <u>Range</u>	At <u>Present</u>	In One <u>Year</u>	In Two <u>Years</u>	In Three <u>Years</u>

# Attachment A. Statement of Personal History and Personal Financial Statement Forms

**IMPORTANT** 

These forms must be filled out and submitted by:

- 1. The proprietor, if a sole proprietorship
- 2. Each partner, if a partnership
- 3. Each Corporate officer, director and/or principal with 20% or more ownership
- 4. Any other person, authorized to obligate the applicant to the loan being sought

STATEMENT OF PERSONAL HISTORY						
Loan Applicant		Full Address				
Name of Business:		Tax Identification	n Number:			
Street Address:		Telephone Numi	oer:			
City: County:		Fax Number/E-m	nail address:			
State/Zip Code:		Amount Applied	For:			
Current	Name, Form	er Names and	d Aliases			
State name in full, if no middle name, state List all former names and/or aliases used,			used. Use se	parate she	eet, if necessary.	
First Name, Middle Name, Last Name		Date From: Date To:			Date To:	
	General In	formation				
Date of Birth (Month/Day/Year)	Social Secu		Are You	ı a Curren	t U.S. Citizen?	
	-	-		Yes	No	
If You are Not Currently a US Citizen or Citizenship, Give Your Alien Registratio		Your U.S.				
What is your percentage of ownership of in the business concern?	or stock owned o	r to be owned				
Present Residence Address			Fron	า	То	
Immediate Past Resid	ence Address					

Home Telep	hone Number	Business Telepho	ne Number		
	O ANSWER THE NEXT 2				
	THAT YOU HAVE A CRI				RILY DISQUALIFY
YOU; HOW	EVER AN INCORRECT A	INSWER MAY CAUSE Y	OUR APPLICATION I	O BE REJECTED.	
1 Have y	ou ever been convicted	of any criminal offense	other than a minor ve	hicle violation?	□Yes □No
If ves. fu	rnish details; use a sepa	rate sheet if necessary	/. List name(s) under	which convicted, if	applicable.
,00,	- Inon dotailo, doo d oopo		, = = = = = = = = = = = = = = = = = = =		арриоцого.
2 If the a	nswer to question #1 is	ves. are vou now unde	r parole. Probation or	Conditional	
	supervision?	, , ,			□Yes □No
	If yes, fur	nish the name and tele	phone number of sup	ervisor.	
Name			Telephone Number	( )	-
		Authori	ration		
		Authoriz	zaulon		
I HEREBY	AUTHORIZE STRE	DC TO OBTAIN A P	ERSONAL CREDIT	REPORT TO BI	E USED IN
	ION OF THE LOAN F				
Legal Signa	ature	Titl	 e	Date	

## **Personal Financial Statement**

Name:	Name:	
Residence Address:	Residence Address:	

City, State, Zip:	City, State, Zip:	
Soc. Sec. No.:	Soc. Sec. No.:	
Date of Birth:	Date of Birth:	
Position or	Position or	
Occupation:	Occupation:	
Business Name:	Business Name:	
Business Address:	Business Address:	
Bus. City, State, Zip:	Bus. City, State, Zip:	
Res. Phone:	Res. Phone:	
Bus. Phone:	Bus. Phone:	

SECTION 3 STATEMENT OF FINANCIAL CONDITION AS OF						
Assets (Do Not Include Assets of Doubtful Value)	In Dollars Liabilities (Omit Cents)		In Dollars (Omit Cents)			
Cash On Hand In Banks – See Schedule A	\$	Notes Payable to Banks – Schedule F	\$			
Marketable Securities – See Schedule B		Secured				
		Unsecured				
Non Marketable Securities – See Sched. C		Amounts Payable to Others - Secured				
Loans Receivable		Amounts Payable to Others - Unsecured				
Real Estate Owned – Schedule D		Real Estate Mortgage Payable				
		Schedule D				
Cash Value – Life Insurance – Schedule E		Other Liabilities - Itemize				
Automobiles						
Personal Property						
Other Itemized Assets						
		Total Liabilities	\$			
		Net Worth	\$			
Total Assets Total Liabilities and Net Worth \$						

FOR FY: 20	Borrower	Co-Borrowe r	Are you a partner or officer in any other venture? If so, describe.
Salary, Bonuses & Commissions			
Dividends			
Real Estate Income			

Other Income (Alimony, Child Supp Income, Need Not Be Revealed If Considered as a Basis for Re	You Do Not W	Are you obligated to pay alimony, child support or separate maintenance payments? If so describe.	
			Are any assets pledged other than as described on
Total	\$	\$	schedules? If so, describe.
Do you have any contingent liabilities? If so, describe.			Are you a defendant in any suits or legal actions?
As endorser, co-maker or guaran	tor- \$		
On leases or contracts	\$		Have you ever been declared bankrupt? If so, describe.
Legal Claims \$			
Other Special Debt \$			
Amount of contested income tax liens \$			

### COMPLETE SCHEDULE AND SIGN ON PAGE THREE (3)

TYPE	Names on Account	Amount	Acct. No.	Name and Address of Bank
Checkin		\$		
g		Ψ		
		\$		
		\$		
		\$		
Savings		\$		

Number of Shares or Face Value of Bonds	Description	In Name of	Acct. No.	Are These Pledged?	Market Value
					\$
					\$
					\$
					\$
					\$

Number of Shares or Face Value of Bonds	Description	In Name of	Are These Pledged?	Source of Value	Market Value
					\$
					\$
					\$
					\$

						\$	
Address and type of property	Title in name of	Date Acquired	Cost	Market Value	MTGE Holder	MTGE Maturity	MTGE Amount
			\$	\$			\$
			\$	\$			\$
			\$	\$			\$
			\$	\$			\$
			\$	\$			\$

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Name and Address of Lender	Credit in Name of	Unsecured or Secured	Original Date	High Credit	Repayment Schedule	Current Balance
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$

The information on this statement is given to the Southern Tier Regional Economic Development Corporation, hereinafter referred to as STREDC.

I/We understand that you are relying on this information in your decision to grant or continue credit.

I/We understand that STREDC may exchange or make credit inquires with others.

During the review of my/our application STREDC may obtain a consumer report on me/us and if the application is approved STREDC may at any time in the future obtain additional consumer reports to review my/our account. I/We have the right to ask for the name and address of the consumer-reporting agency which gave STREDC the consumer report.

I/We have completely and truly answered all of the questions on this statement.

I/We are aware that the filing of a false instrument in connection with the application for funding by a New York State public benefit corporation constitute an attempt to defraud the State, and may be a felony under the laws of the State of New York.

Legal Signature	Date

0:	D - 4 -	
Legal Signature	Date	