

# **FINANCIAL ASSISTANCE APPLICATION**

Note: The Financial Assistance Application is designed to furnish detailed information regarding a proposed project.  
Additional information may be requested.

Updated March 2000

**1. Company Name:** \_\_\_\_\_

Contact/Title: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

FTI/SSN#: \_\_\_\_\_

SIC Code(s): \_\_\_\_\_

**2. Community Name (if applicant):** \_\_\_\_\_

Contact/Title: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

FTI #: \_\_\_\_\_

**3. Other (if not listed above; e.g. port authority, bank, CIC, individual, developer and/or consultant):** \_\_\_\_\_

Contact/Title: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

FTI #: \_\_\_\_\_

**4. Name and location of all parent companies (U.S. and international):** \_\_\_\_\_  
\_\_\_\_\_

**5. Please check all that apply and complete as applicable:**

- |   |   |
|---|---|
| <input type="checkbox"/> C Corporation                            | <input type="checkbox"/> Limited Partnership                  |
| <input type="checkbox"/> S Corporation                            | <input type="checkbox"/> Limited Liability Company            |
| <input type="checkbox"/> Sole Proprietorship                      | <input type="checkbox"/> Employee Stock Ownership Plan (ESOP) |
| <input type="checkbox"/> Partnership                              | <input type="checkbox"/> (51%) Minority Owned (MBE)*          |
|   | <input type="checkbox"/> (51%) Woman Owned (WBE)              |
| <input type="checkbox"/> Joint Venture (specify JV partners)_____ |   |

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

- 6. Description of business (submit a business plan or a narrative that provides the following information):**
  - a. Describe the business’s history, including activities, products, services, etc.
  - b. Describe the operation and/or financial relationships with any parent or subsidiary, and describe any changes in ownership that may occur as a result of this project.
  
- 7. Describe project in detail and answer the following questions (attach on additional paper):**
  - a. Is this a new facility/site, expansion, and/or acquisition? (Include an itemized cost list of any equipment purchase.)
  - b. Will the business purchase/lease/or construct the facility? (Include square footage of facility and acreage of site.)
  - c. What type of operation is this? (e.g., manufacturing, headquarters, distribution, R&D)
  - d. What is the primary product or service to be provided at the site?
  - e. For the new jobs, list the job category and the number of full time employees per job category.
  - f. For the retained jobs, please explain how jobs will be retained by the project.
  
- 8. If applying for a loan, please address the following:**
  - a. Describe the current market, size, industry, trends, growth potential, etc. Include market feasibility information and/or sales commitments to support sales or revenue projections.
  - b. Provide a list of the top five current customers including addresses and telephone numbers. Include the percent of sales to each customer.
  - c. Describe the major competitors in the marketplace, including their market share (if known), and strengths and weaknesses.
  
- 9. Major factor/competition:**
  - a. Describe why state assistance is a major factor in the project going forward.
  - b. Is there interstate/international competition? If yes, please specify.

**10. Project Location:**

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

City/Village/Township: \_\_\_\_\_ County: \_\_\_\_\_

Local Jurisdiction (if different from mailing address): \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

**11. Please answer the following questions (jobs refer to employment positions, not specific individuals):**

- Will this project result in the relocation of jobs from another state?     Yes\*     No
- Will this project result in the relocation of jobs within Ohio?             Yes\*     No
- Will this project result in a job loss to any Ohio community?             Yes\*     No

\* If yes to any of the above questions, please provide detailed information on where the jobs are being relocated from and any significant information related to that relocation.

**12. Current Full-Time Employment Composition (excluding retail operations):**

**Statewide:**

- A. Total Existing Full-Time Employees<sup>1</sup> \_\_\_\_\_
- B. Total Full-Time Employees One Year Ago<sup>1</sup> \_\_\_\_\_

**Project Site:**

- A. Total Existing Full-Time Employees<sup>1</sup> \_\_\_\_\_
- B. Total Full-Time Employees One Year Ago<sup>1</sup> \_\_\_\_\_

**Current employment by category:**

**Statewide:**

- a. Women \_\_\_\_\_
- b. Minority<sup>2</sup> \_\_\_\_\_
- c. FTE<sup>3</sup> \_\_\_\_\_

**Project Site:**

- a. Women \_\_\_\_\_
- b. Minority<sup>2</sup> \_\_\_\_\_
- c. FTE<sup>3</sup> \_\_\_\_\_

**Date (month/day/year) that the above numbers were taken:** \_\_\_\_\_

**13. Project Start Date:** \_\_\_\_\_

**14. Job Creation Start Date:** \_\_\_\_\_

**15. Date company wants tax credit to begin (JCTC only):** \_\_\_\_\_

**16. Projected employment in each year:**

	YR 1	YR 2	YR 3	Total
A. Month/Year (e.g. 6/99)	_____	_____	_____	_____
B. Retained Full-Time <sup>1</sup>	_____	<u>XXX</u>	<u>XXX</u>	_____
C. Maintained Full-Time <sup>4</sup>	_____	<u>XXX</u>	<u>XXX</u>	_____
D. New Employees Full-Time <sup>1</sup>	_____	_____	_____	_____
E. Average Hourly Base Wage			\$ _____ (new full-time employees)	
F. Average Hourly Benefits			\$ _____ (new full-time employees)	

**Projected employment by category in each year:**

	YR 1	YR 2	YR 3	Total
a. Minority <sup>2</sup>	_____	_____	_____	_____
b. Women (CDBG & OITP only)	_____	_____	_____	_____
c. Low Moderate Income (CDBG only)	_____	_____	_____	_____
d. Disadvantaged/Minorities (JCTC only)	_____	_____	_____	_____
e. FTE <sup>3</sup>	_____	_____	_____	_____

<sup>1</sup>A full-time employee is an employee working an average of at least 35 hours per week/annually. This does not include part-time or contract employees. A retained job is one that would be lost if the project does not go forward.

<sup>2</sup>Minority is defined for employment purposes as African American, Hispanic, Native American, Asian Indian, Asian or Pacific Islander.

<sup>3</sup>FTE = Full-time equivalent (e.g. two part-time employees working a total of at least 35 hours/week).

<sup>4</sup> A maintained job is one that will remain even if the project does not go forward.

	TOTAL	EQUITY	PRIVATE LENDER	STATE ASSISTANCE	OTHER PUBLIC <small>(PLEASE IDENTIFY)</small>
<b>FIXED ASSET COSTS</b>					
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)					
<b>TOTAL FIXED ASSET COSTS</b>					
<b>NON-FIXED ASSET COSTS</b>					
G. Furniture/Fixtures					
H. Training Costs					
• Instruction					
• Wages while in training					
I. Working Capital					
J. Other Costs (Specify)					
<b>TOTAL NON-FIXED ASSET COSTS</b>					
<b>TOTAL COMPANY INVESTMENT</b> (Total Fixed and Non-Fixed)					
<b>OFF-SITE INFRASTRUCTURE</b>					
• Streets					
• Water & Sewer					
• Flood & Drainage					
• Rail					
• Professional Fees					
<b>TOTAL OFF-SITE COSTS</b>					
<b>TOTAL COSTS (include total company investment and off-site costs)</b>					

## TAX INFORMATION DISCLOSURE AUTHORIZATION

\_\_\_\_\_ (the company) hereby **irrevocably** authorizes the Tax Commissioner of the Ohio Department of Taxation or any agent designated by the Tax Commissioner of the Ohio Department of Taxation from the date below until \_\_\_\_\_ (one year from the date below), to disclose to the Director of the Ohio Department of Development or any designated employee of the Director the amounts of any or all outstanding liabilities for corporation franchise tax, individual income tax, employer withholding tax, sales, use tax or excise tax which are currently unpaid and certified to the Attorney General of the State of Ohio for collection.

The Applicant expressly waives notice of the disclosure(s) to the Ohio Department of Development by either the Tax Commissioner of the Ohio Department of Taxation or by any agent designated by the Tax Commissioner of the Ohio Department of Taxation. **The applicant expressly waives the confidentiality provisions of the Ohio law which would otherwise prohibit disclosure and agrees to hold the Department of Taxation and its employees harmless with respect to the limited disclosure authorized herein.**

This authorization is to be liberally interpreted and construed; any ambiguity shall be resolved in favor of the Tax commissioner or the Ohio Department of Taxation.

This authorization is binding on any and all heirs, beneficiaries, survivors, assigns, Executors, administrators, successors, receivers, trustees, or other fiduciaries.

A photocopy of this authorization is as valid as the original.

\_\_\_\_\_  
Name of Applicant (including any DBA)

By: \_\_\_\_\_

Title: \_\_\_\_\_  
Officer or Director

Date: \_\_\_\_\_

**INSTRUCTIONS TO APPLICANT: Please fill in the Tax Identification Numbers on the next page.**

<b>Applicant Full Legal Name and Address</b>	
<b>Names and Addresses of any Affiliates</b>  (If necessary, attach a separate form for each affiliate listing each of the numbers set forth below.)	
<b>Federal Tax Identification Number</b>	
<b>Ohio Franchise Tax I.D. Number or other Ohio Tax I.D. Number</b>	





# REQUIRED EXHIBITS

Please consult the matrix below to identify exhibits required for each program.

PROGRAMS																
REQUIRED EXHIBITS		JCTC	166	166R	BFL	CDBG	MLG	MDL	OEBF	PPL	PRL	504	STL	412	629	MBTA
<b>A</b>	Three years historical financial statements (balance sheet, profit & loss)	•	•	•	•	•	•	•	•	•	•	•	•			•
<b>B</b>	Interim financial statement (not more than 90 days old)		•	•	•	•	•	•	•	•	•	•	•			
<b>C</b>	Projected financial statements for the current and next three years (balance sheet, p&l, including all assumptions)	•	•	•	•	•	•	•	•	•	•	•	•			•
*	<b>D</b> Personal financial statements		•	•	•	•	•	•	•	•	•	•				•
<b>E</b>	Resumes of officers & key management personnel		•	•	•	•	•	•	•	•	•	•	•			
<b>F</b>	Information concerning working capital line of credit		•	•	•	•	•	•	•	•	•	•	•			
<b>G</b>	Real estate and/or used equipment appraisal (fair market & liquidation)		•	•	•	•		•	•		•	•	•			
<b>H</b>	Phase I environment audit (real estate projects)		•	•	•			•	•		•	•	•			
<b>I</b>	Site plan & architect's rendering		•	•	•	•		•	•		•	•	•			
<b>J</b>	3 <sup>rd</sup> party cost estimates for infrastructure and fixed asset costs		•	•	•	•		•	•		•	•	•			
*	<b>K</b> Sources of financing & commitments including equity		•	•	•	•	•	•	•	•	•	•	•			
<b>L</b>	Letter of local financial support	•							•					•	•	
*	<b>M</b> Estimated taxes from the proposed project	•	•	•	•	•		•	•	•	•		•			
		JCTC	166	166R	BFL	CDBG	MLG	MDL	OEBF	PPL	PRL	504	STL	412	629	MBTA

\* Forms Included in Application Packet

**Have the applicant (or user), related companies, or any officers:**

- a. Been convicted of a felony?  Yes  No
- b. Been convicted of or enjoined from any violation of state or federal securities law?  Yes  No
- c. Been a party to any consent order or entry with respect to an alleged state or federal securities law violation?  Yes  No
- d. Been a defendant in a civil or criminal action?  Yes  No

**If you have answered yes to any of the above please attach a separate sheet as an explanation.**

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 for any of its programs.

I hereby represent and certify that I have reviewed the information contained in the Financial Assistance Application, the Ohio Job Creation Tax Credit Supplemental Information and the foregoing and attached information, to the best of my knowledge and belief, is true, complete and accurately describes the proposed project for which the tax credit is being sought. I am aware of Ohio Revised Code Sections 9.66(C) and 2921.13(D)(1) which outline penalties for falsification which could result in the return of all credits/monies received and the forfeiture of all current and future economic development assistance benefits as well as a fine of not more than \$1,000 and/or a term of imprisonment of not more than six months. I further agree to inform the Authority of any changes in the foregoing information which may occur prior to the time the applicant and the Chairman of the Authority execute a Tax Credit Agreement. Further, I hereby authorize the Ohio Department of Development to contact the Ohio Environmental Protection Agency to confirm statements contained within this application and to review applicable confidential records.

The undersigned, on behalf of the applicant, understands and acknowledges that even though the information contained in this application, or which may hereafter be communicated to the Authority, contains confidential and proprietary information, it may be subject to public disclosure during deliberations of the Authority at public meetings regarding the project, in the minutes of the Authority’s public meetings, and in circumstances described in Ohio Revised Code Section 122.17(G). Further, I hereby authorize the Ohio Department of Development and the Authority to release to the public the name of our business entity, the identity of our business entity’s parent, a description of the project, the location of the project, the number of jobs we are committing to create and retain, the amount of our capital investment in the project, and the business entity’s contact person and office address and telephone number.

_____ <b>Company Signature</b>	_____ <b>Typed Name</b>	_____ <b>Title</b>	_____ <b>Date</b>
_____ <b>Community CEO Signature</b> (if applicant)	_____ <b>Typed Name</b>	_____ <b>Title</b>	_____ <b>Date</b>
_____ <b>Other Signature</b>	_____ <b>Typed Name</b>	_____ <b>Title</b>	_____ <b>Date</b>

**The appropriate application fee must accompany this packet for each program. Please make checks Payable to “Director, Ohio Department of Development.” Please include a copy of the application for each program for which you are applying. All application fees are non-refundable.**

<u>Program</u>	<u>Application Fee</u>	<u>Check Enclosed</u>	<u>Copy Enclosed</u>
JCTC	\$500	<input type="checkbox"/>	<input type="checkbox"/>
166	\$1,500	<input type="checkbox"/>	<input type="checkbox"/> (3 copies required)
166R	(determined locally)	<input type="checkbox"/>	<input type="checkbox"/>
BFL	\$1,500	<input type="checkbox"/>	<input type="checkbox"/> (3 copies required)
CDBG	none	<input type="checkbox"/>	<input type="checkbox"/>
IRB	none	<input type="checkbox"/>	<input type="checkbox"/>
MLG	none	<input type="checkbox"/>	<input type="checkbox"/>
MDL	\$300	<input type="checkbox"/>	<input type="checkbox"/>
OEBF	\$1,500	<input type="checkbox"/>	<input type="checkbox"/> (3 copies required)
PPL	\$1,500	<input type="checkbox"/>	<input type="checkbox"/>
PRL	\$500	<input type="checkbox"/>	<input type="checkbox"/> (3 copies required)
504	\$500	<input type="checkbox"/>	<input type="checkbox"/>
STL&G	\$1,000	<input type="checkbox"/>	<input type="checkbox"/>
412	none	<input type="checkbox"/>	<input type="checkbox"/>
629	none	<input type="checkbox"/>	<input type="checkbox"/>
OITP	none	<input type="checkbox"/>	<input type="checkbox"/>
MBTA	none	<input type="checkbox"/>	<input type="checkbox"/>

# EXHIBIT D (1 of 3) PERSONAL FINANCIAL STATEMENT

OHIO DEPARTMENT OF DEVELOPMENT

As of \_\_\_\_\_

Complete this form for: 1) each proprietor, or 2) each limited partner who owns 10% or more interest and each general partner, or 3) each stockholder owning 10% or more of voting stock and each corporate officer and director, or 4) any other person or entity providing a guaranty on the loan.

Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Residence Phone \_\_\_\_\_

Residence Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Business Name of Applicant/Borrower \_\_\_\_\_

ASSETS		LIABILITIES	
Cash on hand and in Banks	\$	Accounts Payable	\$
Savings Account	\$	Notes Payable to Banks & Others (Describe in Section 2)	\$
IRA or Other Retirement Account	\$	Installment Account (Auto) Mo. Payments \$ _____	\$
Accounts & Notes Receivable	\$	Installment Account (other) Mo. Payments \$ _____	\$
Life Insurance-Cash Surrender Value Only (Complete Section 8)	\$	Loans on Life Insurance	\$
Stocks and Bonds (Describe in Section 3)	\$	Mortgages on Real Estate (Describe in Section 4)	\$
Real Estate (Describe in Section 4)	\$	Unpaid Taxes (Describe in Section 6)	\$
Automobile-Present Value	\$	Other Liabilities (Describe in Section 7)	\$
Other Personal Property (Describe in Section 5)	\$	Total Liabilities	\$
Other Assets (Describe in Section 5)	\$	Net Worth	\$
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

SECTION 1 SOURCE OF INCOME		CONTINGENT LIABILITIES	
Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims & Judgements	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income (Describe Below)*	\$	Other Special Debt	\$

Description of other income: \_\_\_\_\_  
 \_\_\_\_\_

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

**SECTION 2 NOTES PAYABLE TO BANK AND OTHERS** (Use attachments if necessary. Each attachment must be identified as part of this statement and signed).

Name/Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**SECTION 3 STOCKS AND BONDS** (Use attachments if necessary. Each attachment must be identified as part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**SECTION 4 REAL ESTATE OWNED** (List each parcel separately. Use attachments if necessary. Each attachment must be identified as part of this statement and signed).

	Property A	Property B	Property C
Type of Property			
Name and Address of Property			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Holder			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**SECTION 5 OTHER PERSONAL PROPERTY AND OTHER ASSETS** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).

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**SECTION 6 UNPAID TAXES** (Describe in detail, as to type, to whom payable, when due, amount and to what property, if any, a tax lien attaches).

**SECTION 7 OTHER LIABILITIES** (Describe in detail).

**SECTION 8 LIFE INSURANCE HELD** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries).

I authorize the Ohio Department of Development/lender to make inquiries as necessary to verify the accuracy of the statement made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These states are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the State Attorney General.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**EXHIBIT K  
PARTICIPATING PARTIES/FINANCING**

<b>LENDER</b>					<b>FINANCING</b>				<b>SECURITY</b>	
	<b>Name of Lender</b>	<b>City</b>	<b>Contact Person</b>	<b>Phone #</b>	<b>Rate</b>	<b>Term</b>	<b>Amount</b>	<b>% of Total</b>	<b>M/E</b>	<b>L/B</b>
1										
2										
3										
4										
5										
6										
7										
	<b>Cash Equity</b>									
	<b>TOTAL</b>									

**NON-FINANCING PARTICIPANTS**

	<b>ENTITY</b>	<b>NAME OF FIRM</b>	<b>CONTACT PERSON</b>	<b>PHONE #</b>
1	Company's Legal Firm			
2	Company's Accounting Firm			
3	Company's Consultant			
4	Community Assistance			

Are all financing sources committed?     Yes     No

If no, explain: \_\_\_\_\_

List any special conditions on financing: \_\_\_\_\_

Attach commitment letters for financing sources and cash equity.

## EXHIBIT M

### ESTIMATED TAXES FROM THE PROPOSED PROJECT

<b>STATE OF OHIO TAXES</b>	<b>CURRENT YEAR (without project)</b>	<b>FIRST YEAR (after project completion)</b>	<b>SECOND YEAR</b>	<b>THIRD YEAR</b>
Employee Income Taxes				
Corporate Franchise/Income Taxes				
<b>LOCAL TAXES</b>				
Municipal Employee Income Taxes				
Municipal Corporate Income Taxes				
Real Estate Property Taxes				
Tangible Personal Property Taxes				

*Are you applying for local tax exemptions? If so, indicate the expected percentage and term.*



