



CITY OF SIDNEY

FINANCIAL ASSISTANCE APPLICATION

Community Development Department
201 West Poplar Street
Sidney, Ohio 45365
937.498.8131
937.498.8119 Fax

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

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 authorities, banks, CICs, individuals, developers and/or consultants): _____
Contact/Title: _____
Address: _____
Phone: _____ Fax: _____
E-Mail: _____
FTI #: _____

4. Name and location of all parent companies (U.S. and international): _____

5. Please check 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 any equipment purchase).
- b. Will the business purchase/lease/or construct the facility? (Include square footage of facility). What type of operation is this? (e.g., manufacturing, headquarters, distribution, R&D).
- c. What is the primary product or service to be provided at the site?
- d. For the new jobs, list the job category and the # of full time employees per job category.

8. If applying for a loan, please address the following points:

- 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. Describe why state assistance is a major factor in the project going forward. Is there interstate/international competition? If yes, please specify.

10. Project Location (if different from company):

Street Address: _____

City/Village/Township/County: _____

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 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 detail on where 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 Employees¹ _____
- B. Total Full-Time Employees One Year Ago¹ _____

Project Site:

- A. Total Existing Full-Time Employees¹ _____
- B. Total Full-Time Employees One Year Ago¹ _____

Current employment by category:

Statewide:

- a. Women _____
- b. Minority² _____
- c. FTE³ _____

Project Site:

- a. Women _____
- b. Minority² _____
- c. FTE³ _____

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 ¹	_____	<u>XXX</u>	<u>XXX</u>	_____
C. New Employees Full-Time ¹	_____	_____	_____	_____

D. Average Hourly Base Wage \$ _____ (new full-time employees)

E. Average Hourly Benefits \$ _____ (new full-time employees)

Projected employment by category in each year:

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

¹A 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.

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

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

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

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.

Applicant Full Legal Name and Address	
Names and Addresses of any Affiliates (If necessary, attach a separate form for each affiliate listing each of the numbers set forth below.)	
Federal Tax Identification Number	
Ohio Franchise Tax I.D. Number or other Ohio Tax I.D. Number	
List ORC Section under which applicant files for income taxes (5733.06 or 5747.02 or other)	

REQUIRED EXHIBITS

- A. Three years historical financial statements (balance sheet, profit & loss)
- B. Interim financial statement (not more than 90 days old)
- C. Three years projected financial statements (balance sheet, profit and loss, including all assumptions used in projections)
- D. Personal Financial Statements *
- E. Resumes of officers and key management personnel
- F. Information concerning working capital line of credit
- G. Real estate and/or equipment appraisal (fair market and liquidation)
- H. Site plan and architect's rendering
- I. List of equipment with cost estimates
- J. Sources of financing and commitments
- K. Estimated taxes from the proposed project

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.

Company Signature

Typed Name

Title

Date

Community Signature
 (if applying for state funds)

Typed Name

Title

Date

Other Signature

Typed Name

Title

Date

APPLICATION FEE

Economic Development Revolving Loan Fund Program

\$100.00

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	\$
Total	\$	Total	\$

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 a 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 a 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 a 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**

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

NON-FINANCING PARTICIPANTS

	ENTITY	NAME OF FIRM	CONTACT PERSON	PHONE #
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

STATE OF OHIO TAXES	CURRENT YEAR	SECOND YEAR	THIRD YEAR	TOTAL
Employee Income Taxes				
Corporate Franchise/Income Taxes				
LOCAL TAXES				
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.

