

State of Connecticut
**Department of Economic and Community
Development**



Application for Disaster Assistance

Department of Economic and Community Development
505 Hudson Street
Hartford, Connecticut 06106
860.270.8215
www.decd.org



Section One: Applicant Information

- 1. Applicant (Recipient of Funds): _____
- . Address: _____
City, State, Zip: _____
- . Federal ID Number: _____ State Tax Registration Number: _____
- . Damaged Property Location: _____
- . Contact: _____ Title: _____
Phone: _____ Cell: _____ E-mail: _____
- . Business Industry: _____ NAICS Code: _____
- . Applicant Structure (e.g. corporation, LLC, etc.): _____
Date Established/Acquired: _____ State of Incorporation: _____
- . Existing Employment: _____ Full-Time _____ Part-Time _____
- . Ownership (attached additional sheets if necessary):

Name	Title	Address	% of Ownership	Soc. Sec. #/ Federal ID #

Women Owned %: _____ Minority Owned %: _____

- . Does the Applicant Have any Delinquent State, Federal or Local Taxes? No ___ Yes ___
- . Has the Applicant or its owners ever filed for bankruptcy (if yes, explain)? No ___ Yes ___
- . Does the applicant have any outstanding litigation, environmental, OSHA or other issues outstanding (if yes, explain)? No ___ Yes ___

Section Two: Damage/Insurance Information

- . Amount of Loan Requested: \$ _____
- . Use of Funds Requested: _____
- . Service(s) Requested (e.g. labor training, utilities, etc. be as detailed as possible): _____
- . Description of damage to real estate of business contents, including information on property not covered by insurance. (attached additional sheets if necessary):

Insurance Information:

Name of Insurance Company: _____
 Policy Number: _____
 Is Insurance Current: No ___ Yes ___ Provide copy of current certificate
 Insurance Agent: _____ Phone: _____



Section Three: Certification & Check List
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Certification by Applicant

It is hereby represented by the undersigned as an inducement to the Department of Economic and Community Development and/or the Connecticut Development Authority to consider the financial assistance requested herein, that to the best of my knowledge and belief no information or data contained in the Application or in the attachments are in any way false or incorrect and that no material information has been omitted, including the financial statements. The undersigned agrees that banks, credit agencies, the Connecticut Department of Labor, the Connecticut Department of Revenue Services, the Connecticut Department Environmental Protection, and other references are hereby authorized now, or anytime in the future, to give the Department of Economic and Community Development any and all information in connection with matters referred in this Application, including information concerning the payment of taxes by the applicant, its owners, and executives. In addition, the undersigned agrees that any funds that may be provided pursuant to this Application will be utilized exclusively for the purposes represented in this Application, as may be amended. False statements made in the preparation and submission of this applicant and related materials are punishable as a Class A Misdemeanor under Connecticut General Statutes 53a-157b.

Signature: _____ Title: _____ Date _____

. **Check List** – In order for DECD to assess your request for funding please provide the following:

Item	Included with this Application
Last full fiscal year of accountant prepared financials, including notes. If not available please provide tax returns and internal financials for this period.	