



State of Connecticut Department of Economic and Community Development



# STATE OF CONNECTICUT SMALL BUSINESS EXPRESS PROGRAM APPLICATION

**Instructions:** Complete this form and submit under separate cover the highlighted areas, if applicable, on line, via email or mail to: Michelle Lugo, DECD, 505 Hudson Street, Hartford, CT 06106, [Michelle.Lugo@ct.gov](mailto:Michelle.Lugo@ct.gov)

**Section One: Program** (Please check below the component you are applying to)

Revolving Loan Fund (10k-100k) \_\_\_\_\_ Job Creation Incentive (loan 10k-250k) \_\_\_\_\_ Job Creation Matching Grant (10k-100k) \_\_\_\_\_

**Section Two: Applicant Information**

**Applicant (Recipient of Funds):** \_\_\_\_\_

**Address (City, State, Zip Code):** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Federal ID Number:** \_\_\_\_\_ **State Tax Registration #:** \_\_\_\_\_

**Project Location:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Contact Information: (Name, Title)** \_\_\_\_\_

**Tel #1:** \_\_\_\_\_ **Tel #2:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Business Industry:** \_\_\_\_\_ **NAICS Code:** \_\_\_\_\_

**Applicant Structure (e.g. corporation, LLC, etc.):** \_\_\_\_\_

**Date Established:** \_\_\_\_\_ **State of Incorporation:** \_\_\_\_\_

**Employment:** Existing Full Time \_\_\_\_\_ Part-Time \_\_\_\_\_

New Jobs Full Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Anticipated timeframe for new Jobs:

**Ownership** (Submit under separate cover: (1) list of Name(s), (2) Title(s), (3) Address, (4) % of Ownership, (5) identify the % of women owned or minority owned if applicable; (6) Soc. Sec. # and/or Federal ID#):

**Company Status**

- Does the applicant have any delinquent State, Federal or Local Taxes? (If yes, submit under separate cover) \_\_\_\_\_ No \_\_\_\_\_ Yes
- Has the applicant or its owners ever filed for bankruptcy? (If yes, submit under separate cover) \_\_\_\_\_ No \_\_\_\_\_ Yes
- Has the applicant or its owners ever been convicted of a felony? \_\_\_\_\_ No \_\_\_\_\_ Yes
- Does the applicant have any outstanding, pending or anticipated litigation, environmental, OSHA or other issues outstanding? (If yes, submit under separate cover) \_\_\_\_\_ No \_\_\_\_\_ Yes

**Section Three: Assistance Request Information**

**Amount Requested:** \$ \_\_\_\_\_

**Brief Project Description and Use of Funds Request** (See procedures for eligible uses and submit under separate cover, if needed):

\*Please note: At the discretion of the Commissioner, financial assistance may require collateral.

**Section Four: Additional Information** (Please provide the following information under separate cover)

- Last three fiscal years of accountant-prepared financials, including notes. If not available please provide tax returns and internal financials for this period.
- Applicant Structure Documentation (e.g. Articles of Incorporation, Secretary of State Certificate of Good Standing)
- Project Description (include economic impact, measurement of impacts)
- Financing Plan & Budget (Form located on <http://www.ct.gov/ecd/cwp/view.asp?a=3931&q=489792>)
- Business Plan
- Personal Financial Statements for owners with over 20% ownership

**Section Five: Certification**

It is hereby represented by the undersigned to the State of Connecticut including but not limited to the Department of Economic and Community Development 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 of Energy and Environmental Protection, and other references are hereby authorized now, or anytime in the future, to give the State of Connecticut including but not limited to 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.

By submitting this document I, (insert Authorized Name/Title) \_\_\_\_\_ certify and agree to the above.

Signature and date: \_\_\_\_\_

