State of Connecticut

Department of Economic and Community Development

Urban Action Grant Program

Application

Application Instructions

General Description:

This Application is a brief outline to enable the DECD to determine the eligibility and strength of the applicant and/or project to apply for the Urban Action Grant Program. *If the entity submitting this request will not be the final recipient of the funds, please complete the slipsheet entitled "Application for Pass-through".* All information accompanying this Application is confidential and exempt from the Freedom of Information Act.

1. **Applicant Name:** List the full legal name of the applicant for financial assistance.
2. **Address:** Mailing address where correspondence should be sent. If different from the applicant location, so indicate.
3. **Contact Person:** If appropriate, include title.
4. **Project Name:** Full title of project. If unsure of title, check with DECD staff.
5. **Project Location:** Give the location where financing will be used. The municipality is the jurisdiction to whom property taxes are paid.
6. **Federal Employer ID # and SIC Code:** Please list both numbers (if applicable.)
7. **Form of Business/Organization:** Indicate if organization is for-profit, not-for-profit or a municipality. Attach copy of corporate certificate if applicable.
8. **Ownership**: Indicate form of corporation if applicable. Minority or woman ownership must be 51% to be considered for this status. Minority includes a variety of categories such as racial, ethnic, gender and disability status. Check with DECD staff for confirmation.
9. **Nature of Business/Organization:** Indicate what type of industry the business/organization is engaged in as well as the Business Activity (section B) and Type of Product or service (section C).
10. **Gross Sales/Receipts:** Gross/Sales receipts of the organinzation during the last calendar or fiscal year.
11. **Ownership and Subsidiaries**: If not practical to list every business owner, include owners holding 10% or more of the organization. If ownership of the recipient of the funds is different from the organization, please list on a separate sheet the owners of the recipient.
19. **Employment:** Projected employment is the anticipated number of employees in the organization within 2-5 years. Please classify full-time or part-time.
20. **Required documents**: (for pre-application phase):
    - **A.** Business Plan: Include a copy of the organization's current business plan.
    - **B.** Business Financial Statements: If available, CPA prepared financial statements for the most recent three years with 5 year projections. Otherwise, federal tax returns.
    - **C.** Cash Flow: Please include, as a part of the financial statements, a summary of cash flow covering prior year's operations.
    - **D.** Payroll, Sales, Corporate Taxes paid to Connecticut (past 3 years and projected for 5 years).
    - **E.** Personal financial statements of owners of 10% or more of the company.
    - **F.** Schedule of related affiliated companies.
    - **G.** If the project involves the purchase of a business, please provide the following:
      I. Purchase Agreement or memorandum between the parties.
      II. Current balance sheet of business being acquired.
      III. Appraisal, or estimate of value, of real estate and equipment.
21. **Project Narrative:** Describe the project for which funding is being requested (i.e., type of equipment to be purchased, nature of inventory and uses for working capital). For a building, include address, acres of land, building's square feet, and size of any building addition. List any tenants. If project involves refinancing, describe who will be refinanced and the purpose for the loan.
22. **Assistance Requested:** Under "Amount of Financing Requested" specify amount and nature of assistance. For "Services Requested" identify type of service requested.
23. **Conventional Financing**: Outline the amount and terms of any funds from conventional sources that are available to fund all, or a portion of the project. If applicable, indicate reasons for denial.
25. **Public Disclosure**: The DECD is required by law to include in its final approval consideration the extent to which the applicant has included community and employee participation, *unless* this question is answered "Yes", and an explanation is provided.

State of Connecticut
Department of Economic and Community Development
Urban Action Grant Application
Pursuant to §4-66(c) of the Connecticut General Statutes

SECTION I APPLICANT IDENTIFICATION

1. Applicant's Full Legal Name: _____

2. Applicant _____

3. Contact Person: _____

Telephone: _____ **Fax:** _____

4. Project Name: _____

5. Project Location: _____ **Municipality:** _____

6. Federal Employer Identification # _____ **SIC Code:** _____

SECTION II APPLICANT INFORMATION

7. Form of Organization (attach copy of corporate certificate)

_____ Private for Profit
_____ Non-Profit 501(c)3
_____ Other non-profit
_____ Municipality
_____ Other _____

8. Form of Ownership

_____ Corporation
_____ Proprietorship
_____ Other
_____ Partnership
_____ Sub-Chapter "S" corp.

Date acquired/Established _____ **State where created:** _____
Minority Owned _____ **Woman Owned** _____
(Minority as defined in §32-9e sub-section 3 of Connecticut General Statutes)

9. Nature of Business/Organization

A. Industry

_____ Manufacturer _____ Retailer _____ Wholesaler
_____ Service _____ Construction _____ Finance, Insurance or Real Estate
_____ Other (Please describe) _____

B. Business Activity (e.g. research and development, production, headquarters, etc.)

_____

C. Type of product or service (e.g. pharmaceuticals, computer software, etc.)

_____

10. Gross Sales/Receipts/Revenues

Total Sales Receipts _____ Approximate % sales in CT _____

Approximate % sales outside of _____ Approximate % sales outside of US _____

11. Ownership and subsidiaries:

Please attach as Exhibit "A" a list of the names, titles, and percent of ownership of all stockholders. If there are more than ten stockholders, list only those with 10% or more ownership. Also list all business organizations, including but not limited to, corporations, partnerships, limited partnerships, sole proprietors, trusts and syndications which are subsidiaries or affiliates of the Applicant along with their address and the nature of their interest or connection. If the Applicant is a subsidiary or affiliate, then list the owning or holding organization and all subsidiaries or affiliates. If there are none, please so indicate.

12. Business/Organization History

Please provide a brief description of the business/organization's history and attach. If the organization is non-profit, please state your organization's purpose.

SECTION III FINANCIAL INFORMATION

13. Unpaid Taxes (List any below)

	Type	Amount	Past Due	Payment Terms
Federal				
State				
Local				

14. Are there any outstanding, pending or anticipated claims or litigation against your business or organization?

_____ **Yes** (If yes, please attach explanation) _____ **No**

15. Have you ever personally declared bankruptcy or been an officer of a business or organization where bankruptcy has been declared?

_____ **Yes** (If yes, please attach explanation) _____ **No**

16. Have you ever received prior State financing for this project?

_____ **Yes** _____ **DECD** _____ **CDA** _____ **CII**

Amount _____ **Date** _____

Program _____

_____ **No**

17. Environmental Compliance

A. Has any state, including Connecticut, federal administrative agency or federal court issued any order or entered any judgement to the business/organization concerning a violation of any environmental law? If yes, please include the type of enforcement action, date, jurisdiction, order/case/docket number and description of violation.

B. Is there any property transfer filing pending with the DEP? If yes, attach the applicable forms and responsible party's obligations.

C. Is there any Environmental Site Assessment (ESA) conducted by any party on this site, i.e., Phase I, II or III ESA? If yes, please enclose a copy.

18. OSHA Compliance

Do you have any outstanding orders from the federal Occupational Safety and Health Administration? If yes, please describe on an additional sheet and give the name, address and telephone number of the individual handling your case.

19. Employment (Full-time employment is a minimum of 35 hours per week as reported to the Department of Labor)

Present Employment		Projected Employment by end of two years		Projected Employment by end of five years	
Full time:		Full time		Full time	
Part time:		Part time:		Part time:	
Total:		Total:		Total:	

Of the present employment listed above, how many would be lost if the State did not provide the proposed funding?

_____

SECTION IV PROJECT INFORMATION

20. Required Documents (Please refer to the instruction page)

A. Business/Strategic Plan
B. Financial statements of the Business/Organization (includes notes and projection)
C. Cash Flow Summary for prior year
D. Payroll, Sales, Corporate Taxes Paid to CT (past 3 years, projected for 5 years)
E. Personal financial statement(s) (owners of 10% or more of company)
F. Schedule of related affiliated companies
G. Information regarding a business acquisition

21. Project Narrative

Please attach a brief project description including use of funds and compete the Project Plan and Budget included with this package.

22. Assistance Requested

Amount of financial assistance _____

Services Requested: _____

23. Conventional Financing

Please describe on an additional sheet what steps, if any, you have taken to obtain financing from conventional sources.

24. Security /Collateral for DECD State Financial Assistance (check appropriate):

_____ Real Property _____ Corporate Guarantee _____ Machinery and Equipment

_____ Personal Guarantee _____ Not Required _____ Other

25. Public Disclosure

Will informing the municipality and employee representatives of the proposed request for financial assistance prior to DECD/CDA's final approval be considered a disclosure of confidential or proprietary information or trade secret?

_____ Yes (If yes, please attach an explanation _____ No

Certification by Applicant

It is hereby represented by the undersigned, that to the best of my knowledge an belief no information or data contained in the application, the financial statements or in the attachments are in any way false or incorrect and that no material information has been omitted. The undersigned agrees that banks, credit agencies, the Connecticut Department of Labor, the Connecticut Department of Revenue Services, the Connecticut Department of 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 to in this application, including information concerning the payment of taxes by the applicant. In addition, the undersigned agrees that any funds provided pursuant to this application will be utilized exclusively for the purposes represented in this application, as may be amended. The undersigned understands that the Department of Economic and Community Development's agreement to review this application is in no way a commitment to provide funding. Such a commitment can be provided only following the approval of the application by the Department and the State Bond Commission and the execution of a contract between the applicant and the State of Connecticut. As such, any funds expended by the applicant prior to these approvals will be done so entirely at the risk of the applicant.

Please be sure to include the additional attachments required.

Signature _____ **Title** _____ **Date** _____

Return to:

DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT
Business and Housing Division
505 Hudson Street
Hartford, CT 06106
Phone (860) 270-8000
Fax (860) 270-8055

State of Connecticut
Department of Economic and Community Development
Urban Action Grant Application
Pursuant to §4-66(c) of the Connecticut General Statutes

This application should be completed by the business/organization that will pass Urban Action Grant funds onto another entity.

1. Name _____

2. Address _____
_____ **Zip Code** _____

3. Contact Person _____
Telephone: _____ **Fax:** _____

4. Project Name _____ **Municipality** _____

5. Project Location _____

6. Federal Employer Identification # _____ **SIC Code:** _____

7. Form of Organization

_____ **Municipality**
_____ **Non-Profit 501(c) 3**
_____ **Other Non-Profit**
_____ **Other**

Date Established _____
Where created _____

8. Have you received prior state financing for this project?

_____ **No**
_____ **Yes** _____ **DECD** _____ **CDA** _____ **CII**

Amount $ _____ **Date** _____
Program _____