

City of Port Arthur Section 4A Economic Development Corporation Grant/Loan Incentive Application

Date: _____

Please complete the following information and return along with the requested documents. We will review the information that you provide to determine if you are eligible for assistance from the PAEDC.

SECTION A: BUSINESS INFORMATION	
Business Name:	
Business Address:	
Business Phone:	Business Fax:
Email and/or Website Information:	

Owners: Please list all owners with Five (5%) Percent or Greater Ownership of the Company

Name	SSN #	Date of Birth	Home Address	% Ownership

Type of Business Organization:
(Please Check One)

- | | |
|--|---------------------|
| | Not Established |
| | Sole Proprietorship |
| | Partnership |
| | S. Corp. |
| | C. Corp. |
| | LLC |
| | HUB/MWBE |
| | Non-Profit |

Please describe the type of business (product or service):

Date Business Established:	Federal Tax ID Number:
----------------------------	------------------------

Has the business, or any principals of the business been involved in bankruptcy or insolvency proceedings?

Yes No If yes, please explain:

Are there any personal/business judgments, liens, unsettled lawsuits or major disputes?

Yes No If yes, please explain:

Have you taken any business development classes? Yes No

Are you working with a counselor at the Small Business Development Center?

Yes NO

Name of Counselor: Phone Number:

Are you working with a counselor at the Service Corps or Retired Executive (SCORE)?

Yes No

Name of Counselor: _____ Phone Number: _____

Have you completed a Business Plan? Yes No

If yes, when/by whom was the Business Plan prepared?

Name: _____ Phone Number: _____

Type of Business:
(Please Check One)

- | | |
|--|---|
| | Industrial/Manufacturing (Fill Out Sections A-H) |
| | Recycling (Fill Out Sections A-H) |
| | Distribution (Fill Out Sections A-H) |
| | Warehouse (Fill Out Sections A-H) |
| | Commercial (Fill Out Sections A-H) |
| | Infrastructure (Fill Out Sections A-C) |
| | Land Purchase (Fill Out Section A Only) |
| | Training (Fill Out Sections A & C) |

SECTION B: GOODS AND SERVICES

Please indicate the percentage of services or goods sold or to be sold to persons or companies outside of the City or Port Arthur:

_____ %

Please explain:

Please indicate the percentage of services or goods sold or to be sold to persons or companies outside of Jefferson County:

_____ %

Please explain:

Please indicate the percentage of services or goods sold or to be sold to persons or companies outside of the Golden Triangle:

_____ %

Please explain:

Please indicate the NAICS (North American Industry Classification System) number that applies to your industry and the name given that number.

For assistance, please see <http://www.census.gov/epcd/naics02/naicode02.htm>

NAICS Number: _____ / _____

Example: 322222/Coated/Laminated Paper Manufacturing

SECTION C: PROJECT COST

PROJECT

Please, briefly describe your project:

Total amount requested: _____

Project Cost

	AMOUNT	SOURCE OF FUNDS
LAND		
BUILDING/RENOVATIONS		
EQUIPMENT		
FURNITURE/FIXTURES		
INVENTORY		
JOB TRAINING		
INFRASTRUCTURE		
OTHER (Please Specify)		
TOTAL:		

Personal cash available to invest in project:\$ _____ Source: _____

What bank have you contacted for financing: _____

Name of Banker: _____ Phone Number: _____

Please list all request and/or approvals of funds from other sources (e.g., banks, credit unions, governmental entities, etc.) together with dates of application, status and funding source contact information:

SECTION D: PAYROLL

Number of Current Employees: FT _____

PT _____

Please list current Job Classifications & Wage Scales:

Job Classification	Wage Scale	No. of Employees in this Classification

Current Total Payroll: \$ _____

Number of Employees after completion of Project: FT _____

PT _____

Please list current Job Classifications & Wage Scales:

Job Classification	Wage Scale	No. of Employees in this Classification

Total Projected Payroll: \$ _____

SECTION E: CONFLICT OF INTEREST

The undersigned, as officers, shareholders, and/or principals of _____ ("Applicant"), acknowledge that:

there are no elected or appointed public officials with any ownership interest in said company ("Applicant")

there are elected or appointed public officials with ownership interest in said company ("Applicant"), listed as below:

NAME	ENTITY	%OWNERSHIP

Name (Printed): _____
 Signature: _____
 Date: _____

Name (Printed): _____
 Signature: _____
 Date: _____

Name (Printed): _____
 Signature: _____
 Date: _____

Name (Printed): _____
 Signature: _____
 Date: _____

Name (Printed): _____
 Signature: _____
 Date: _____

Name (Printed): _____
 Signature: _____
 Date: _____

SECTION F: CREDIT REPORT

CERTIFICATION: Please read the following and sign the application form below. All owners, officers, partners and/or principals must sign this application.

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the appropriate authorities.

The information in this application is provided for the purpose of applying for funds under the City of Port Arthur Section 4A Economic Development Corporation's incentive programs. The information in this application is accurate to the best of my knowledge. I understand that personal and/or business information may be requested pursuant to this application and I hereby give consent for such information to be provided to the City of Port Arthur Section 4A Economic Development Corporation and the City of Port Arthur. I also understand that the City of Port Arthur retains the sole decision as to whether or not this application is approved, disapproved or modified. The approval of this application is subject to the City of Port Arthur as well as the Port Arthur Section 4A Economic Development Corporation. It is my right to accept or decline the grant and/or loan amount, rate and terms as approved by the Program.

I authorize the City of Port Arthur Section 4A Economic Development Corporation to obtain a credit report on me through the credit reporting agency of its choice. If an adverse credit decision is made due totally or partly to the information on the credit report, the City or Port Arthur Section 4A Economic Development Corporation will give me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them if I wish.

I UNDERSTAND THAT ALL INFORMATION SUBMITTED TO THE CITY OF PORT ARTHUR SECTION 4A ECONOMIC DEVELOPMENT CORPORATION WILL BE KEPT ON FILE ACCORDING TO THE RECORDS RETENTION LAWS OF THE STATE OF TEXAS. IF I DO NOT REQUEST THE RETURN OF CERTAIN PRIVILEGED INFORMATION, IT WILL BE DISPOSED ON IN THE MANNER REQUIRED BY LAW.

Name (Printed): _____
Signature: _____
Date: _____

Name (Printed): _____
Signature: _____
Date: _____

Name (Printed): _____
Signature: _____
Date: _____

Name (Printed): _____
Signature: _____
Date: _____

Name (Printed): _____
Signature: _____
Date: _____

Name (Printed): _____
Signature: _____
Date: _____

SECTION G: GRANT INCENTIVE POLICIES & PROCEDURES

The undersigned, as officers, shareholders, and/or principals of _____ ("Applicant"), acknowledge that in conjunction with the Applicant's application for economic incentive assistance from the City of Port Arthur Section 4A Economic Development Corporation ("PAEDC"), the PAEDC may require that one or more officers, shareholders and/or principals of applicant execute personal guarantees and/or security agreement-pledge agreements whereby said officer, shareholder and/or principal may be called upon to either guarantee all or a portion of the obligations of the Applicant and/or pledge all or portion of the officer, shareholder and/or principal's ownership interest in the Applicant in order to secure performance of the Applicant's obligations. Said potential guarantee and/or pledge may be in addition to any corporate obligation and/or pledge of corporate assets provided by the Applicant in conjunction with its execution of any future Grant Incentive and Loan Agreement. I acknowledge that I have been advised, in advance, of the potential request by the PAEDC for personal liability, whether direct or indirect, and with full knowledge of said potential, I am requesting that the PAEDC continue its investigation, review and consideration of the application filed on behalf of Applicant.

Name (Printed): _____
Signature: _____
Date: _____

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Signature: _____
Date: _____

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Signature: _____
Date: _____

Name (Printed): _____
Signature: _____
Date: _____

Name (Printed): _____
Signature: _____
Date: _____

SECTION H: DOCUMENTATION

Please submit the following information along with your application.

	Information Enclosed	Information Not Applicable
Business and Marketing Plan	<input type="checkbox"/>	<input type="checkbox"/>
Business Financial Statements for last 3 years	<input type="checkbox"/>	<input type="checkbox"/>
ProForma Financial Statement <u>Existing Business:</u> At least one year profit/loss & cash flow on a monthly basis, but not less than the period covered by the grant. <u>Start-Up Business:</u> At least two years profit/loss & cash flow on a monthly basis, but not less than the period covered by the grant.	<input type="checkbox"/>	<input type="checkbox"/>
Business Tax Returns for the last three years Must be signed and dated. If past April 15th, please include prior year copy of extension.	<input type="checkbox"/>	<input type="checkbox"/>
Interim Business Financial Statement Within the last 90 days.	<input type="checkbox"/>	<input type="checkbox"/>
Resumes on the principals of the business Owners with 20% ownership or greater	<input type="checkbox"/>	<input type="checkbox"/>
Personal Financial Statements of the principals Owners with 20% ownership or greater	<input type="checkbox"/>	<input type="checkbox"/>
Personal Tax Return for each principal Owners with 20% ownership or greater for last 3 years	<input type="checkbox"/>	<input type="checkbox"/>
Anticipated Environmental Impact	<input type="checkbox"/>	<input type="checkbox"/>
Economic Impact Analysis	<input type="checkbox"/>	<input type="checkbox"/>
Certificates of Good Standing Secretary of State State Comptroller	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledgement of Conflict of Interest Policy	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledgement of Grant Incentive Policy & Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Copies of all licenses and permits	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Insurance Coverage	<input type="checkbox"/>	<input type="checkbox"/>
Dun & Bradstreet Report	<input type="checkbox"/>	<input type="checkbox"/>