

# Delaware County Finance Authority (DCFA) Project Application

Date Application Completed by Applicant: \_\_\_\_\_

Date Received by the DCFA: \_\_\_\_\_

## Instructions:

*The following information must be submitted with this application before legislative action may be taken:*

- Narrative history of existing businesses or proposed business
- Site plan or expansion plan (if available)
- Project description and projected budget of project
- Any other information that you feel will assist in the review of your project
- Please submit completed application and application fee to the Delaware County Finance Authority; 91 N. Sandusky Street, Delaware, OH 43015

## A. Type of Assistance Desired *(If unknown, please leave blank. Please check all that apply.)*

\_\_\_ Capital Lease/Sales Tax Waiver Program

\_\_\_ Tax-Exempt Conduit Bond Program

\_\_\_ Bond Fund Program

## B. Applicant Company/User

Name of Company/User: \_\_\_\_\_

Name of Applicant *(if different)*: \_\_\_\_\_ Relationship to Company/User: \_\_\_\_\_

Company/User Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Federal Tax ID Number *(Company/User)*: \_\_\_\_\_ Federal Tax ID Number *(borrower, if different)*: \_\_\_\_\_

## C. Existing Business Information

Business Type: \_\_\_\_\_ Principle Product/Service: \_\_\_\_\_

Date established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Four Digit SIC #/NAICS Code: \_\_\_\_\_

## D. Description of Proposed Project

Location: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Local Jurisdiction: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ School District Code: \_\_\_\_\_ Local Taxing District: \_\_\_\_\_

Is this a relocation of an existing business? \_\_\_ Yes \_\_\_ No If yes, from where? \_\_\_\_\_

*Note: A full-time employee is defined as one employee working a 40-hour workweek, year round.*

How many jobs will be relocated to the County? Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

If located in the County, how many jobs will be retained? Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

How many new jobs will be created in the County? Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

How many new jobs will be created in the State? (3 year period) Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

How many construction jobs will be created? Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

What will be the total new payroll associated with the project? \_\_\_\_\_

Project Description *(This section may refer to attached information and should include any existing/past economic development incentives):*

\_\_\_\_\_  
\_\_\_\_\_

Products/Services to be provided: \_\_\_\_\_

**E. Project Budget**

**Project Costs:**

Land	\$ _____	On-Site Improvements	\$ _____
Building	\$ _____	Off-Site Improvements	\$ _____
Tenant Improvements	\$ _____		
Other <i>(Break out if applicable)</i>	\$ _____		
<b>Total Project Costs</b>	<b>\$ _____</b>		

**Project Funding:**

Owner Equity	\$ _____	Requested Local Sources Funding	\$ _____
Other <i>(Break out if applicable)</i>	\$ _____		
<b>Total Project Funding</b>	<b>\$ _____</b>		

**F. Principal Officers/Owners** *(If they are required for the business to enter into legally binding agreements)*

Name: _____	Title: _____
Percent Ownership: _____	Address <i>(If different from the company)</i> : _____
Name: _____	Title: _____
Percent Ownership: _____	Address <i>(If different from the company)</i> : _____

**G. Participating Lender(s)** *(If applicable)*

Lending Organization: _____	Phone: _____
Lending Organization: _____	Phone: _____
Lending Organization: _____	Phone: _____

**H. Time Frame**

Project Start Date: _____	Requested Financing/Program Needed By: _____
End date: _____	

**I. Signage**

Projects assisted by the Delaware County Finance Authority shall agree to allow DCFA signage to be placed at the Project site.

**J. Fees**

A non-refundable Application Fee of \$2,500.00 shall be submitted upon the DCFA passing a Resolution to move forward with Project. Other fees, such as Closing Fees and Legal Fees, shall be negotiated and defined in the subsequent Term Sheet to be executed by the Applicant and the DCFA at a later date.

**K. Indemnification**

The Applicant agrees to indemnify the DCFA for all costs and liability associated with the transaction.

Please note that this document likely constitutes a public document, therefore it and its contents would likely be subject to a public records request. This application does not serve as an agreement between the Delaware County Finance Authority and the Applicant. If the parties choose to enter into an Economic Development Agreement, the terms of the final agreement will govern and not information that is provided in this application; specifics regarding incentives, income thresholds and length of terms will be addressed in the final agreement. This application is subordinate to the final agreement. \_\_\_\_\_ (Please initial)

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date