

**CITY OF TROY ECONOMIC DEVELOPMENT ASSISTANCE PROGRAM  
Application for Funding Assistance**

**Applicant:**

Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Business/Project Address: \_\_\_\_\_

Total Project Cost: \_\_\_\_\_

Loan Request: \_\_\_\_\_ Grant Request: \_\_\_\_\_

Business Type: Corp. \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Prop \_\_\_\_\_

Year Established: \_\_\_\_\_ FEIN: \_\_\_\_\_

Years at current address: Business \_\_\_\_\_ Home \_\_\_\_\_

Gross Annual Salary: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

Income from alimony, child support, or separate maintenance payments need not be revealed. Examples of other income include social security, disability, or rental income.

**Ownership of Applicant Company:**

List all principals with 20% or more ownership:

Name	Title	% Owned	Annual Compensation

**Affiliates:**

List all businesses in which applicant or any owner has an interest.

Name	Title	% Owned	Annual Compensation

**List all Bank account information:**

Bank Name	Checking	Savings	Other	Balance

**List all sources of project funding, and dollar amount and use (s) of funds requested.**

Source of Funds	Use of Funds	Dollar Amount
		<b>Total Project Cost</b>
		<b>Total Funds Requested</b>
		<b>Total Owner Equity</b>

**Description of Collateral Offered:**

Collateral	\$ Value	Mortgage/Lien	\$ Value

**Outstanding Debt (List all loans, credit cards, lines of credit, installment debt, leases, and mortgages)**

Lender	Original Amt.	Balance	Monthly Payment

**Additional Information:**

Is your business party to any claim or lawsuit? \_\_\_\_\_Yes \_\_\_\_\_No

Have you or any owner, officer, director or partner ever owned a business that has declared bankruptcy? \_\_\_\_\_Yes  
\_\_\_\_\_ No

Does your business owe taxes for other than the current year? \_\_\_\_\_Yes \_\_\_\_\_ No

If yes to any question, please explain:

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**Project Description:**

**Attorney:**

Name

Address

Contact

Zip Code

Telephone (     )

**Accountant:**

Name

Address

Contact

Zip Code

Telephone (     )



## Scope of Work

**Building Address:** \_\_\_\_\_

**Contact Information: Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### 1. Describe Proposed Work:

(Please provide information where applicable for use of funds)

	Upgrade Existing	New Replacement	New Installation	Repair Existing	Removal	Estimate
<b>Interior:</b>						
Design / Development Costs						
Interior demolition / Site prep						
Building stabilization						
HVAC systems						
Plumbing systems						
Electrical systems						
Smoke / Heat detection systems						
Sprinkler systems						
Emergency signage / Lighting						
Security systems						
Energy efficient improvements						
Windows / Doors						
Elevators						
Stairwells						
Asbestos						
Mold						
Other						
<b>Exterior:</b>						
Roofing						
Masonry						
Windows / Doors						
Storefront						
Detailing / Restoration						
Painting / Siding						
Handicap Accessibility						
Other						
					<b>Total:</b>	

### 2. Attachments

- Photographs of building – all sides & roof, if applicable. Detailed photos of problem areas are recommended.
- Estimates of proposed work
- An estimated project schedule
- Evidence of insurance

I, the applicant, hereby agree to perform the work in accordance with the historical technical specifications for maintenances and repair work for properties located in the City of Troy's Local Historic District

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## EMPLOYMENT PLAN

COMPANY NAME:

ADDRESS:

CONTACT PERSON:

TELEPHONE NO:

TYPE OF BUSINESS:

LOAN SIGNATORY:

Current Jobs Full-Time By Occupation			Projection of New Permanent Full-Time Jobs			
Permanent Occupations In Company	Base Annual Salary or Hourly Wage	Number of Employees (1)	1 <sup>st</sup> Year (2)	2 <sup>nd</sup> Year (3)	3 <sup>rd</sup> Year (4)	Total New Jobs (5)
Professional						
Clerical						
Sales						
Service						
Construction						
Manufacturing						
Skilled						
Semi-Skilled						
Unskilled						
Other (Describe)						
Total:						

The employees of our firm are not  are  currently covered by a collective bargaining agreement with (name of International union and Local union number): \_\_\_\_\_  
 Union Contract Person (address/phone number): \_\_\_\_\_  
 Contract expiration date: \_\_\_\_\_ Number of employees covered: \_\_\_\_\_

Prepared by: \_\_\_\_\_  
 Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please list the names and addresses of current employees who reside in Troy, NY.**

**1.)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2.)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3.)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4.)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5.)** \_\_\_\_\_

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\_\_\_\_\_

**6.)** \_\_\_\_\_

\_\_\_\_\_

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**7.)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8.)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9.)** \_\_\_\_\_

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**10.)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Describe your strategy for marketing the business:

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Start-up Summary:

Start-up Expenses	
Equipment	
Inventory	
Rent & Security Deposit	
Legal & Accounting	
Insurance	
Utilities	
Renovations	
Other	
Total Start-up Expenses:	\$

Funding / Investment	
Source	\$ Amount
Total Investment:	\$

Current Liabilities	
Accounts Payable	
Current Borrowing	
Other Current Liabilities	
Total Liability	\$

Three-Year Pro-Forma Statement

Income	Year 1	Year 2	Year 3
Sales Revenue			
Rents			
Miscellaneous			
Total			\$

Expense	Year 1	Year 2	Year 3
Rents/Mortgage			
Revolving Credit			
Taxes			
Insurance			
Payroll			
Utilities			
Legal/Accounting			
Inventory/Supplies			
Bank Loans			
Other			

Signature: \_\_\_\_\_ Date: \_\_\_\_\_