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 organization 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.
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 _______ Municipality
   ______ Non-Profit 501(c)3 _______ Other ________________________________
   ______ Other non-profit

8. Form of Ownership
   ______ Corporation _______ Partnership
   ______ Proprietorship _______ Sub-Chapter “S” corp.
   ______ Other

   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 outside of
   Approximate % sales in CT
   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)

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Past Due</th>
<th>Payment Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)
   
<table>
<thead>
<tr>
<th>Present Employment</th>
<th>Projected Employment by end of two years</th>
<th>Projected Employment by end of five years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time:</td>
<td>Full time</td>
<td>Full time</td>
</tr>
<tr>
<td>Part time:</td>
<td>Part time:</td>
<td>Part time:</td>
</tr>
<tr>
<td>Total:</td>
<td>Total:</td>
<td>Total:</td>
</tr>
</tbody>
</table>

   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.

   _____ 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
CT DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT
505 Hudson Street
Hartford, CT 06106-7106
Phone (860) 270-8170
Fax (860) 270-8135

Revised 12/98
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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 ___________________________________

___ Pursuant to §4-66(c) of the Connecticut General Statutes