

**I. Type of State Assistance Desired  
(If not known, leave blank)**

- 166 Direct Loan
- Ohio Enterprise Bond Fund
- Ohio Pooled Bond Program
- SBA 504 Loan Program
- Minority Direct Loan
- Mini-Loan Guarantee Program
- Community Development Block Grant  
Economic Development Program
- Revolving Loan Fund

**II. Applicant Company/User**

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

\_\_\_\_\_  
Name of Borrower (if different from user)

\_\_\_\_\_  
Relationship of Borrower to Company/User

\_\_\_\_\_  
Street Address of Company

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

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number                      Fax Number

\_\_\_\_\_  
Federal Tax Identification Number

**III. Principal Officers (10% or more ownership)**

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Percent of Ownership                      Social Security Number

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Percent of Ownership                      Social Security Number

(Attach additional information if necessary)

**IV. Information on Existing Business**

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Principal Product/Service

\_\_\_\_\_  
Date Established                      Four Digit SIC Number

\_\_\_\_\_  
Name of bank in which business has existing accounts:

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Contact                      Telephone

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Contact                      Telephone

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Contact                      Telephone

**V. Description of Proposed Project**

\_\_\_\_\_  
Location

\_\_\_\_\_  
Address                      Taxing District  
(Obtain from County Auditor)

\_\_\_\_\_  
City/Village/Township                      County

\_\_\_\_\_  
If relocation, indicate from where

Describe Project  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Product/Services to be provided:

\_\_\_\_\_  
Project Type:  Retention  Expansion  Start Up

**VI. Project Cost/Use of Funds**

	<b>Total</b>	<b>Revolving Loan Fund</b>	<b>Equity</b>	<b>Private Lender</b>	<b>Other Public (Please identify)*</b>
A. Land	_____	_____	_____	_____	_____
Building	_____	_____	_____	_____	_____
New Const.	_____	_____	_____	_____	_____
Renovation	_____	_____	_____	_____	_____
Leasehold Imp.	_____	_____	_____	_____	_____
B. Infrastructure	_____	_____	_____	_____	_____
1. Off-Site Streets	_____	_____	_____	_____	_____
2. Off-Site Water & Sewer	_____	_____	_____	_____	_____
3. Off-Site Flood & Drainage	_____	_____	_____	_____	_____
C. Machinery/ Equipment	_____	_____	_____	_____	_____
D. Other (Explain)	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
E. Admin.	_____	_____	_____	_____	_____
Total Fixed Costs	_____	_____	_____	_____	_____
F. NonFixed (Explain)	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
G. Working Capital	_____	_____	_____	_____	_____
Total Project Costs	_____	_____	_____	_____	_____

\* If the applicant is requesting funds from more than one state program, the applicant must specify which source funds will be used to fund each activity.

**VII. Financing/Collateral (Identify all sources)**

HOLDER	PRINCIPAL	RATE	TERM	ANNUAL D/S	Security Position	
					LAND/ BUILDING	MACHINERY/ EQUIPMENT
Revolving Loan Fund						

**VIII. Time Frame**      Project Start \_\_\_\_\_      Job Creation Start \_\_\_\_\_  
                                  Project Complete \_\_\_\_\_      Job Creation Complete \_\_\_\_\_



**Exhibit I**  
**Small Cities Community Development Block Grant (CDBG)**  
**Economic Development R.L.F. Application**

**Application Preparer/Contact Person**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

City: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Job Definition [Expressed as Full Time Equivalents(FTEs)]**

# Total Existing	_____	# New	_____
# Women Current	_____	# Women Projected	_____
# Minority Current	_____	# Minority Projected	_____
# Retained	_____	# Total LMI	_____

A full time employee is an employee working a forty (40) hour week, year round. Part time employees must be adjusted to FTE. At least fifty-one percent (51%) of the jobs created or retained must be made available to, or taken by persons of low-to moderate-income households. The maximum CDBG cost per job is \$15,000. The total LMI must include the number of new/or retained jobs for persons of low-and moderate-income households.

**Narrative Description**

Please attach a brief but detailed narrative description of the proposed project including a description of the product/services, unique site characteristics, whether site will be owned/leased, type of machinery/equipment to be purchased, all the participating parties, amount of acres, size of building, amount of water or sewer lines, etc.

**Explanation of Need**

Please attach a brief explanation as to the **NEED** for RLF funds. Explain how the identified gap was calculated and how the use of the RLF funds addresses the determined need.

Use this form to indicate the number of jobs to be created within 18 months of project completion (completion must be within one year of receipt of funds), by job classification:

**A. Determining Full-Time Equivalent (FTE) Jobs**

	PER EMPLOYEE				
JOB TITLE (a)	HRS/WK PER EMPLOYEE (b)	WK/YR PER EMPLOYEE (c)	HOURLY WAGE (d)	NO. OF EMPLOYEES (e)	*FTE JOBS (FT & PT) (f)
	FT				
	PT				
	FT				
	PT				
	FT				
	PT				
	FT				
	PT				
	FT				
	PT				
	FT				
	PT				
	FT				
	PT				
	FT				
	PT				
				TOTAL	FT
					PT
					FTE

(Attach additional sheets if necessary)

\* FTE = (b)(c) x (e)

\*\* 2080 hrs.

\*\* If the company's normal full-time work week is not 40 hours, substitute the number of full-time work hours in a year for 2080 hours. The hours in a full-time employee's work week is \_\_\_\_\_.

NOTE: A letter is needed from the applicant, following the format of this letter sample:

OWNER/DEVELOPER COMMITMENT LETTER

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

Chief Elected Official of Applicant  
Applicant/Recipient Community

Dear \_\_\_\_\_ :

This letter will confirm my/our commitment to move forward with the development of (Project Name). This project includes \_\_\_\_\_ activities.

We/I will spend no less than \$ \_\_\_\_\_ on the total development of this project, with the financing proposed as follows:

Private Lender	\$ _____
Equity	_____
CDBG	_____
Other	_____
 TOTAL	 \$ _____

Development of the project will allow the current employment of \_\_\_\_\_ to increase to \_\_\_\_\_ 18 months after project completion, a gain of \_\_\_\_\_ new jobs created because of this project. Of these, it is our goal to employ \_\_\_\_\_% persons from low- and moderate-income households (LMI) and \_\_\_\_\_% minorities, recognizing that some persons may qualify to meet the goal for both categories. (Also, indicate any commitment to job training program, if applicable).

As explained in the application, I/We would not proceed with this at this time without CDBG assistance. (If there is less than 15% equity, describe why the business or its principals cannot or will not provide additional funds for working capital, exhaustion of resources, an inadequate rate of return, etc.)

If the funding from CDBG is approved, I/We are prepared to move forward quickly on the construction of this project, with completion no more than 12 months after approval of the CDBG funds. I/We expect to start construction on \_\_\_\_\_ and complete it by \_\_\_\_\_. I know of no reason why this project cannot go forward immediately (note any reasons for lack of immediate commencement).

I certify that I have the authority to make this commitment on behalf of the company/business, and that we have the resources to finalize the financing package identified above and shown in the community's application for funds.

Sincerely,

Chief Executive Officer

**REQUIRED FORMAT OF LETTER OF COMMITMENT, CONTINGENT ON RLF FUNDING,  
FROM YOUR PRIVATE LENDER.**

**FINANCING COMMITMENT LETTER (Commercial)  
(Adapt language to fit type of lender)**

Date:

Dear Developer/Owner/Tenant:

We are writing to you in reference to your request for a (construction/permanent/combined) loan on the (name of project) at (address). We have reviewed the following project cost estimates for the project and find them reasonable: (List as appropriate)

Acquisition	\$ _____
Construction/Rehab	_____
Machinery and Equipment	_____
Other	_____
TOTAL	\$ _____

We have completed the underwriting analysis on the project, reviewed your company's creditworthiness, and are prepared to provide a portion of the overall financing necessary for the development of the project. Our commitment cannot be for any greater amount than noted below, because (indicate reasons). Please consider this our firm commitment to make a loan subject to the following provisions:

Amount of Loan	\$ _____
Interest Rate	
Term	
Financing Fee	(insert)
Expenses at Closing	(Insert)

Security: Our loan will be secured by a valid \_\_\_\_\_ mortgage lien on \_\_\_\_\_. All work must be in accordance with plans and specifications on file with us. Any changes that will decrease the value of the project must be authorized by us.

Insurance Required	(insert)
Guarantee	(insert)

Closing Requirements: Prior to closing of this loan, we will require the following: (include verification that the community will make funds available in the amount of \$\_\_\_\_\_ for the purpose of \_\_\_\_\_.)

Settlement Date: (Insert)

(If possible, add details about the project, capability of the owner/developer, benefits of the project, etc., that might show the lender's attitude about the project, or more extensive involvement in its development).

If this commitment is acceptable to you, please execute and return the enclosed copy of this letter.

Sincerely,

Name  
Title

**ACCEPTANCE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** A letter is needed from all other funding sources, including banks, indicating their commitment to lend to your project. Lenders' letters should follow the format of this letter, and include the contents of this letter.