

Have any of the individuals listed above, ever been convicted of a felony? Yes No
 If yes, please provide brief explanation. _____

Personnel: (Full-Time-Equivalent, FTE is based upon 2,080 hours per year.)

Existing Number of Full Time Equivalent Positions: _____

Full-Time-Equivalent Positions to be **Created** within 24 months of Application Approval: _____

Total Number of Seasonal Full-Time-Equivalent Jobs **Created**
 (i.e. Jobs which will be available for at least 3 continuous months and recur annually): _____

If Jobs Would Be Lost Without Loan Approval, Total Number of Full-Time-Equivalent Jobs **Retained**: _____

Attach job creation/retention form.

B. Project Information

USES OF FUNDS:	Total Project Cost	EDP Funds Requested
Land Acquisition	_____	_____
Building Acquisition	_____	_____
Renovation	_____	_____
New Facility Construction	_____	_____
Acquisition of Machinery/Equipment	_____	_____
Acquisition of Furniture/Fixtures	_____	_____
Working Capital (Includes Inventory)	_____	_____
Other (Specify) _____	_____	_____
Total:	_____	_____

Project Location:

- _____ Within the City Limits of Norfolk
- _____ Outside of City Limits, but within the Zoning Jurisdiction of Norfolk
- _____ Other Please identify _____

C. SOURCES OF FUNDS:

Note: EDP funding requires the participation of a lender and/or an injection of equity (non-debt) funds.

Participating Lender Information:

Name of Lender: _____
Address: _____
Contact Person: _____ Phone No. _____
Email Address: _____
Loan Amount: \$ _____ Loan Term: (Yrs) _____
Interest Rate: _____% _____ Variable _____ Fixed
Collateral: _____ Use of Lender Funds: _____

Name of Lender: _____
Address: _____
Contact Person: _____ Phone No. _____
Email Address: _____
Loan Amount: \$ _____ Loan Term: (Yrs) _____
Interest Rate: _____% _____ Variable _____ Fixed
Collateral: _____ Use of Lender Funds: _____

Use additional sheets if necessary.

Equity Information:

Amount available from business or owner(s) for investment: \$ _____
Source of owner's equity into project: _____

D. BUSINESS PLAN AND BUSINESS FINANCIAL STATEMENT INFORMATION:

(1) Brief description of the business' history.

(2) Brief description of the proposed project.

Please provide the additional information:

- (3) ___ Attach Business Plan
- (4) ___ 3-complete years of historical balance sheets and operating statements. Partial year balance sheet and operating statement if 90 days past end of full year.
- (5) ___ City of Norfolk EDP Assistance Agreement including Credit History Search Authorization.

E. PERSONAL FINANCIAL STATEMENT INFORMATION:

For each person owning 20% or more of the business, please provide the following:

- (1) ___ Personal Financial Statement (See attached form).

Once all documents have been received, the Economic Development Director will review the application to determine if it meets the eligibility requirements to be considered by the City of Norfolk's Economic Development Subcommittee (EDS).

The above information is accurate to the best of my knowledge and belief. The above information is provided to help you evaluate the feasibility of obtaining public financial assistance.

Dated: _____

Signature: _____

Printed Name: _____

Title (if applicable): _____