

# CENTRAL NEW YORK ENTERPRISE DEVELOPMENT FUND

## Application for Financial Assistance

Central New York Regional Planning and Development Board



Central New York Enterprise Development Corporation  
126 North Salina Street, 100 Clinton Square, Suite 200, Syracuse, New York 13202  
Tel. (315) 422-8276 Fax (315) 422-9051  
Email: [mail@cnyrpdb.org](mailto:mail@cnyrpdb.org)  
TDD: 1-800-662-1220

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***To file a complaint of discrimination, write USDA, Director, Office of Civil Rights,  
1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800)  
795-3272 (voice), or (202) 720-6382 (TDD).”***

Serving the Counties of Cayuga, Cortland, Madison, Onondaga, and Oswego

## **THE REGIONAL LOAN FUND**

The Central New York Enterprise Development Fund is administered by the Central New York Regional Planning and Development Board and is capitalized with resources from the U.S. Department of Commerce, U.S. Department of Agriculture, the NYS Empire State Development Corporation, and participating local organizations. A non-profit corporation, the Central New York Enterprise Development Corporation, oversees the administration of the funds.

## **ELIGIBILITY**

The goals of the Central New York Enterprise Development Fund are private sector job creation and capital formation. Eligible borrowers include companies with less than 100 employees that have existing facilities or are locating facilities in the counties of Cayuga, Cortland, Madison, Onondaga, and Oswego. Companies must be manufacturers or service-related businesses that can demonstrate they are bringing new revenue into the region (net wealth generators).

Funds may be used to cover realty, machinery and equipment, and working capital costs. The interest rate for all loans is currently 4.5 percent and terms range between 12-60 months. All loans are secured by liens on collateral acceptable to the Central New York Enterprise Development Corporation and the personal guarantee of the owners and/or principals. The loan must be no more than 50 percent of the project cost and cannot exceed \$100,000. A 10 percent equity investment is required.

## **ADMINISTRATION**

All applications for financing are made to the Central New York Regional Planning and Development Board along with payment of an **application fee of \$250.00**. Completed loan applications will be submitted to the Central New York Enterprise Development Fund Loan Advisory Committee for review and recommendations. The Loan Advisory Committee meets monthly – applicants seeking consideration for a specific meeting date must submit all application materials two weeks prior to the scheduled meeting. Final loan decisions will be made by the Board of Directors of the Central New York Enterprise Development Corporation. Board meetings are held on a bi-monthly basis.

For more information concerning this program contact the Central New York Regional Planning and Development Board, 126 North Salina Street, Suite 200, Syracuse, New York 13202, (315) 422-8276, facsimile (315) 422-9051, or e-mail at [mail@cnyrpd.org](mailto:mail@cnyrpd.org).

# CENTRAL NEW YORK ENTERPRISE DEVELOPMENT FUND - APPLICATION

## THE COMPANY

1. Company Legal Name:

Address:

Telephone/Fax:

Web:

2. Company Owner/Officer  
completing the application

Title:

E-Mail:

3. Legal Counsel:

Address:

Telephone:

4. Accountant:

Address:

Telephone:

5. Business Form:

Corporation

State

Year Incorporated

Partnership

LLC

Year Formed

Sole Proprietorship

Year Established

Federal Employer I.D. Number:

6. Type of Business: (Describe products produced, service provided, etc.)

7. SIC or NAICS Code

## PROJECT DATA

1. Brief Project Description (include location if different from company's current location):

2. Project Costs:

<b>a. Realty</b>	<b>Amount</b>
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Land Acquisition

Building Acquisition

Site Improvements

Construction of New Building

Renovation of Existing Building

Leasehold Improvements

Total Real Estate Costs

<b>b. Machinery and Equipment</b>	<b>Amount</b>
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Acquisition of Machinery and Equipment

Installation

Other (specify):

Total Machinery and Equipment

<b>c. Working Capital (specify):</b>	<b>Amount</b>
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**Total Working Capital**

3. TOTAL PROJECT COSTS:

**PROJECT FINANCING**

<b><u>Lender/Equity</u></b>	<b><u>Amount</u></b>	<b><u>Term/Rate</u></b>	<b><u>Purpose</u></b>	<b><u>Status (Committed/Applied)</u></b>
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CNYEDC Funds will be used for:

Collateral Offered for CNYEDC Loan :

**PROJECT EMPLOYMENT**

**Full-Time**

**Part-Time**

Current

Within 1 Year

Within 3 Years

Within 5 Years

Types of jobs/skill levels:

## **SUPPORTING SCHEDULES**

The following information is required to support your loan request. The applicant should note that this list may not be all inclusive and additional information can be requested.

1. Description of the Company to include:
  - a. Company history, product and/or service, market area, and competition.
  - b. Description of current operations.
  - c. Ownership structure indicating stockholders/partners holding 5% or more of stock.
  - d. Resumes of principals and/or management personnel.
  
2. Description of the project for which financing is being requested. The description should include:
  - a. Narrative description of the project.
  - b. A detailed breakdown of costs with written verifications (estimates, quotes, purchase orders).
  - c. Projected income statement and balance sheet for three years with assumptions stated.
  - d. Projected monthly cash flow statement for one year following project completion.
  - e. Description of collateral to be pledged for the loan.
  
3. Financial Statements and/or Tax Returns for the company for the past three fiscal years, including statements on affiliates and/or subsidiaries. An interim financial statement not older than 90 days. All statements and/or returns should be signed by an owner/officer.
  
4. Accounts receivable aging, accounts payable aging, and work-in-process schedules.
  
5. Debt Schedule, including identification of all sources of financing currently being used by the company. For each loan identify the lender, amount of the loan, purpose, term and interest rate, outstanding principal, and collateral pledged. Please use form supplied.
  
6. Current Personal Financial Statement for each 20% owner or stockholder of the business. Please use attached form and copy as necessary.

7. A list of credit references to include banks, suppliers, and customers with contact information.
  
8. Proof of funding for the non-CNY EDF portion of the total project. Funding for the non-CNY EDF portion of the project can be in the form of (1) bank financing, (2) other private financing, (3) equity, and (4) public financing other than the requested loan. Proof of funding should include:
  - a. evidence of application
  - b. source of funds
  - c. dollar amount
  - d. date
  - e. term
  - f. annual payment
  - g. collateral
  - h. letter of commitment

In the event the non-CNY EDF portion of the project will be funded with equity, the applicant should indicate in what form the equity will be and should include a certification that the equity is now available or will be available at the time the project is initiated.

**CERTIFICATION STATEMENT**

The undersigned certifies that all information which has been or will be furnished in support of this application is given for the purpose of obtaining a loan from the Central New York Enterprise Development Fund. I further certify that all information submitted has been examined and approved by me and is correct and completed. I further agree that verification of any information contained herein, or to be provided in support of this loan request, may be obtained, and a formal credit check may be undertaken by any source deemed appropriate by the Central New York Regional Planning and Development Board or the Central New York Enterprise Development Corporation.

By making this application, you hereby authorize the Central New York Regional Planning and Development Board or the Central New York Enterprise Development Corporation to obtain through its attorneys and all necessary Uniform Commercial Code searches and copies, real property and real property tax searches, franchise tax searches, and certificates of good standing required for processing this application.

I certify that 51% or more of the company ownership is by U.S. citizens or persons legally admitted as permanent residents. I further certify that the company is currently in compliance with all federal, state, and local statutes and regulations.

As applicant, I agree to pay a non-reimbursable application fee of \$250.00. I further agree to pay all reasonable closing costs associated with this application if the loan request is approved.

This is not a legally binding document for purposes of receipt of loan monies. The loan request may be withdrawn at any time prior to formal closing of the loan. The applicant is submitting this application in good faith as a request for financial assistance. This application is for information and analysis only and shall not be construed as a loan agreement or a commitment to enter into a loan agreement.

\_\_\_\_\_  
(Date of Application)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Applicant)

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)



## **IMPORTANT NOTICES**

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you chose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

### ETHNICITY:

Hispanic or Latino  
Not Hispanic or Latino  
Don't respond

### RACE: (mark one or more)

White  
Black or African American  
American Indian/Alaska Native  
Asian  
Native Hawaiian or Other Pacific Islander

### GENDER: (mark one)

Male      Female

**This is an Equal Opportunity Program. Federal law prohibits discrimination on the basis of race, color, national origin, sex, age, disability, political beliefs, sexual orientation or marital or family status. (Not all prohibited bases may apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination write: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (202-720-5964 (voice and TDD).**



## PERSONAL FINANCIAL STATEMENT

**U.S. SMALL BUSINESS ADMINISTRATION**

As of \_\_\_\_\_, 20 \_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Business Name of Applicant/Borrower \_\_\_\_\_

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hands & in Banks .....	\$	_____	Accounts Payable .....	\$	_____
Savings Accounts .....	\$	_____	Notes Payable to Banks and Others .....	\$	_____
IRA or Other Retirement Account .....	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable .....	\$	_____	Installment Account (Auto) .....	\$	_____
Life Insurance-Cash Surrender Value Only .....	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other) .....	\$	_____
Stocks and Bonds .....	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance .....	\$	_____
Real Estate .....	\$	_____	Mortgages on Real Estate .....	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value .....	\$	_____	Unpaid Taxes .....	\$	_____
Other Personal Property .....	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities .....	\$	_____
Other Assets .....	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities .....	\$	_____
<b>Total</b>	\$	_____	Net Worth .....	\$	_____
			<b>Total</b>	\$	_____

Section 1. Source of Income	Contingent Liabilities
Salary .....	As Endorser or Co-Maker .....
Net Investment Income .....	Legal Claims & Judgments .....
Real Estate Income .....	Provision for Federal Income Tax .....
Other Income (Describe below)* .....	Other Special Debt .....

Description of Other Income in Section 1.

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

<b>Section 3.</b>					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

<b>Section 4.</b> (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7. Other Liabilities.** (Describe in detail.)

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**PLEASE NOTE:** The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503.

