

**APPLICATION**

**HERKIMER COUNTY**  
**MICRO-ENTERPRISE PROGRAM**  
**ECONOMIC DEVELOPMENT PROJECT APPLICATION**

**A. General Information**

1. Name of Applicant: \_\_\_\_\_

Name & Title of Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No. \_\_\_\_\_

2. MEP Assistance Requested:

\_\_\_\_\_

Total Project Amount:

\_\_\_\_\_

3. Summary: Please provide a brief description of the project:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Applicant's Business Organization:**

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Date Applicant Firm Established \_\_\_\_\_ IRS ID# \_\_\_\_\_

Legal Counsel (name & number) \_\_\_\_\_

Accountant (name & number) \_\_\_\_\_

Is the applicant a subsidiary or direct or indirect affiliate of any other organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate name, address of related organization, and its relationship.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Officers and Owners of the Applicant - (list):**

	<u>Name</u>	<u>Address</u>	<u>Office Held</u>	<u>% of Ownership</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Attach resumes of principals actively engaged in management. (Schedule A)

**D. Applicant History**

1. Attach narrative history of the applicant to include significant developments in operations and financial condition. Include number of persons currently employed. (Schedule B)
2. Has applicant, partners or sole proprietor ever declared bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain on (Schedule C).
3. Is applicant presently involved in any litigation which might effect its financial solvency? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain on (Schedule D).
4. Is applicant in default on any obligations at the present time? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain on (Schedule E).

**E. Proposed Project Information**

1. Location of Proposed Project: \_\_\_\_\_

\_\_\_\_\_

- 2. Describe the project in detail. Identify the objectives of the project in terms of production, sales, earnings and employment. Explain why ME assistance is necessary and appropriate. (Schedule F)
- 3. Provide cost figures for machinery/equipment purchases proposed. Vendor quotes should be provided to verify equipment (Schedule G)
- 4. List new employment opportunities and/or jobs retained by title and annual salary. Use one year and three year periods. (Schedule H)

**F. Financial Information**

1. (a). Attach signed financial statements or federal income tax forms for the last three (3) fiscal years. (Schedule I)

(b). Signed interim financial statement for most recent quarter. (Schedule J)

(c). Schedule of all installment debts, notes, and leases of the company including: date, original balance, current balance, monthly payments and collateral. (Schedule K)

(d). Signed personal financial statements or federal income tax forms for principals and guarantors of the loan. (Schedule L)

2. Describe financial sources for total project. Provide a letter from all financing sources discussing the amount and terms of financing and current application status. Provide name of contact person at lending institution. (Schedule M)

3. Provide the amount, source and nature of any equity investment provided.

\_\_\_\_\_

\_\_\_\_\_

**G. Feasibility Information**

Provide discussion of feasibility issues, including but not limited to permits required, corporate authorizations, environmental questions, and/or zoning. (Schedule N)

**H. Technical Assistance Disclaimer**

In connection with the Herkimer County Industrial Development Agency’s Micro-enterprise program, we may render certain technical assistance to you Relating to management systems, internal controls, marketing plans, business plans, financial projections and compilations. Such assistance and all statements made in connection therewith are for your assistance and all statements made in connection therewith are for your use only, and may not be used or communicated in any manner whatsoever to third parties without our express written consent.

It is agreed and understood that we have taken no independent steps to verify the information you have provided us. We have not been requested to perform nor have we performed any auditing functions regarding this information. We have strictly relied upon the information as obtained provided and presented by you.

We are in no way responsible for your use of this information, and make no warranties and representations in connection therewith except as expressly granted in writing.

You agree to indemnify and hold us harmless in connection with the use or misuse of such information, documents, representations or writings. Said technical assistance to be used by you only after you have reviewed and fully understood it, and verified and confirmed to your satisfaction that all statements of fact and representations contained therein are true and accurate. The same is rendered to you in addition to and not in lieu of any all acts and actions, evaluations and analysis necessary for you in the ordinary course of your business or otherwise, and is not intended to replace same.

**I. Job Opportunities**

The loan applicant is encouraged to provide, to the greatest extent possible, opportunities for employment to lower income residents of the County and contracts for work to be performed with loan proceeds by businesses or persons which are located in the County.

**J. Certification of Applicant**

Authorized signature of applicant who acknowledges the information contained in this application and attachments submitted herewith is true and complete.

**Signature:** \_\_\_\_\_

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

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

**AUTHORIZATION TO INVESTIGATE CREDIT**

**DATE:** \_\_\_\_\_

**Herkimer County Industrial Development Agency  
Revolving Loan Fund Committee  
420 E. German Street  
Herkimer, NY 13350**

**To Whom It May Concern:**

**In connection with my application for a grant through the HCIDA-MEP, I hereby authorize you to investigate my creditworthiness as part of the loan review process.**

**Print Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed:** \_\_\_\_\_

**“This institution is an equal opportunity provider, lender and employer”**

**Herkimer County Industrial Development Agency**  
**Micro-Enterprise Program Application Checklist**

**General Information**

- Applicant
- Contact Person
- Address
- Telephone/Fax
- MEP Assistance Requested
- Total Project Amount
- Summary

**Applicants Business Organization**

- Corporation/Partnership/Sole Proprietorship
- Date Firm Established
- IRS ID #
- Legal Counsel
- Accountant
- Subsidiary or affiliate of any other organization

**Officers and Owners of the Applicant**

- List
- Resume of principals actively engaged in management

**Applicant History**

- Narrative
- Current Employment Number
- Bankruptcy ever declared
- Current litigation that could affect financial solvency
- Currently in default on any obligations/explanation

**Proposed Project Information**

- Location of project
- Detailed project description
- Cost proposals (vendor quotes/architect & engineer proposals)
- New employment and jobs retention by title and salary (1 yr & 3 yr)

**Financial Information**

- Financial statements or federal income tax returns for 3 years
- Signed interim financial statement for most recent quarter
- Schedule of all installment debts/notes/leases
- Signed personal financial statements or federal income tax forms for principals and loan guarantors
- Description of financial sources (detailed letter from all financing sources including terms and status including contact name)
- Equity (amount, source and nature of investment provided)

**Feasibility Information**

- Issues addressed such as permits/authorizations/environmental/zoning

**Certification of Applicant**

- Authorized signature
- Title
- Date signed

**Authorization to Investigate Credit**

- Name
- Social Security #
- DOB
- Address
- Signature