\*Please contact CRIZ Authority Acting Managing Director Jeremy Young at Lancaster City Alliance (jyoung@teamlanc.org or 717-394-0783) to discuss your project **prior to** completing this application.

# **CRIZ Small Business Financial Assistance Program Application**

Name of Applicant:	
Address of Applicant:	
Contact Phone Number:	
Contact Email:	
Type of CRIZ financing: 🗌 Loan 🔲 Grant	
Loan Amount Requested: \$ Gra	nt Amount Requested: \$
Guarantors of Credit (if applying for loan):	
II. COMPANY INFORMATION	
Name of Business:	
Type of Business:	
Federal Tay I D ·	
Address:	
	Fax:
	low Long Owned:
III. OWNERSHIP & MANAGEMENT STRUCTURE         Business Organizational Structure:         Sole Proprietorship       Corporation	Dortoorchin
LLC Limited	d Partnership
LLC Limited	d Partnership
LLC Limited	d Partnership at least 20% ownership in the business:
LLC Limited	d Partnership
LLC Limited List all owners, partners, and/or stockholders with Name and Title: Address:	d Partnership
LLC Limited List all owners, partners, and/or stockholders with Name and Title: Address: Percent Ownership:	d Partnership at least 20% ownership in the business:
LLC Limited List all owners, partners, and/or stockholders with Name and Title: Address: Percent Ownership: Name and Title:	d Partnership at least 20% ownership in the business:
LLC Limited List all owners, partners, and/or stockholders with Name and Title: Address: Percent Ownership:	d Partnership at least 20% ownership in the business:
LLC Limited List all owners, partners, and/or stockholders with Name and Title: Address: Percent Ownership: Name and Title: Address: Percent Ownership:	d Partnership at least 20% ownership in the business: Phone Number:
LLC       Limited         List all owners, partners, and/or stockholders with         Name and Title:         Address:         Percent Ownership:         Name and Title:         Address:         Percent Ownership:         Percent Ownership:         IV. BANKING RELATIONSHIP DATA	d Partnership at least 20% ownership in the business: Phone Number:
LLC Limited List all owners, partners, and/or stockholders with Name and Title: Address: Percent Ownership: Name and Title: Address: Percent Ownership: IV. BANKING RELATIONSHIP DATA Name of Bank:	d Partnership at least 20% ownership in the business: Phone Number:
LLC       Limited         List all owners, partners, and/or stockholders with         Name and Title:         Address:         Percent Ownership:         Name and Title:         Address:         Percent Ownership:         Percent Ownership:         IV. BANKING RELATIONSHIP DATA         Name of Bank:         Address:	d Partnership at least 20% ownership in the business: Phone Number:
LLC Limited List all owners, partners, and/or stockholders with Name and Title: Address: Percent Ownership: Name and Title: Address: Percent Ownership: IV. BANKING RELATIONSHIP DATA Name of Bank:	d Partnership at least 20% ownership in the business: Phone Number:

#### **V. PROJECT BUDGET & FINANCIAL INFORMATION**

Scope of Project	Estimated Project Cost			
[] Real Property Acquisition	\$			
[] Building Renovations/Leasehold				
Improvements	\$			
[ ] Infrastructure Improvements	\$			
[] Purchase of Machinery/Equipment	\$			
[] Working Capital	\$			
[] Inventory	\$			
[] Other-Please Specify	\$			
TOTAL PROJECT COST	\$			
Have any cost estimates for this project been obtain	ned? Yes No			
Cost estimates must be attached to the application.				

# VI. SOURCE(S) OF PROJECT FUNDS

Owner Equity:	\$ % of Total Project	
Bank Loan:	\$ % of Total Project	
CRIZ Financing:	\$ % of Total Project	
Private Financing:	\$ % of Total Project	
Other	\$ % of Total Project	

# VII. COLLATERAL INFORMATION - BUSINESS & PERSONAL (IF APPLYING FOR A LOAN)

Existing Lien?	
(Secured/Unsecured)	Estimated Fair Market Value
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

### **VIII. BUSINESS PROPERTY INFORMATION**

Owned	Leased	ł	Leased w/ option	to buy
Lease Rate and	Terms			
If owned, is the	re an outstanding mo	ortgage? Yes	No	
	loan, if there is/are ( e mortgage(s) and ar		vide the following in	nformation
	<u>Amount</u>	Length of Fir	nancing Term	Interest Rate
1 <sup>st</sup> Mortgage	\$			
1 <sup>st</sup> Mortgage 2 <sup>nd</sup> Mortgage	\$ \$			

# IX. CURRENT BUSINESS DEBT OBLIGATIONS (IF APPLYING FOR A LOAN)

To Whom Payable	Original Amount	Original Date	Present Balance	Rate of Interest	Monthly Payment	Collateral	Current/Past Due

#### X. CREDIT RELEASE AUTHORIZATION (IF APPLYING FOR A LOAN)

I/we hereby request and authorize you to release to the Lancaster City Revitali ation and Improvement Zone (CRIZ) Authority for verification purposes, personal and corporate credit reports, and information concerning the company/corporation/ partnership and/or the officers and individuals listed below. That information may include but is not limited to:

- Employment history dates, title, income, hours worked, etc.
- Banking (checking & savings) accounts of record.
- Mortgage loan rating (opening date, high credit, payment amount, loan balance, and payment)
- Any information deemed necessary in connection with a consumer credit report for my loan application.

# This information is for the confidential use of the Lancaster CRIZ Authority in compiling a loan credit report related to the applications seeking loan funds from the Small Business Financial Assistance Program, and is not required if only applying for a grant.

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature(s) of the undersigned), may be deemed to be the equivalent of the original and may be used as a duplicate original.

The Lancaster CRIZ Authority will impose an additional charge for each personal credit report and for each business credit report ordered.

Name of Business:			
Telephone:			
Date:			
Name of Officer/Owne	r:		
Address for last two ye			
Social Security #:			
Signature:			
Name of Officer/Owne	r:		
Address for last two ye			
Social Security #:			
Signature:			

#### XI. EMPLOYMENT AND JOB CREATION INFORMATION

Number of Current Employees:		
Full Time:	Part Time:	Seasonal:
Number of Employees Projecte	d in Three Years:	
Full Time:	Part Time:	Seasonal:
Please indicate position type(s)	:	
Management:	Administrative:	Support:
Skilled:	Unskilled:	Other:
Total Number of Jobs Created v	vith Grant/Loan Proceeds:	
Total Number of Jobs		
XII. APPLICANT CERTIFICATION	STATEMENT AND SIGN-OFF	
NAME:		DATE:
TITLE:		

# XIII. ADDITIONAL DOCUMENTATION REQUIRED TO BE ATTACHED TO APPLICATION FORM

Please review the attached Application Checklist and provide all required documentation as attachments to this application form. <u>Applications that do not include this required information will be</u> considered incomplete and will not be accepted.

If you should have any questions regarding the application process, please contact:

Jeremy Young, Program Administrator Director of Community & Economic Development Lancaster City Alliance (717) 696-6200 jyoung@teamlanc.org

# Lancaster City Revitalization and Improvement Zone (CRIZ) Authority Small Business Financial Assistance Program

# **Application Checklist**

The following information must be submitted to be considered for the CRIZ Small Business Financial Assistance Program, unless waived by the CRIZ Authority. Failure to provide this required information will result in an application being considered incomplete and not being accepted.

- \_\_\_\_\_ 1. Completed application form.
- 2. Business Plan. The business plan should include some of the information requested in the "Business Plan Outline" (see next page).
- 3. Detailed Description of Project. Include a summary of financing needs and the anticipated benefit of the grant.
- 4. Business Financial Statements. Include balance sheets and income statements for the last 3 years if available.
- 5. Business Tax Returns (for last 3 years, if available).
- 6. Projected Cash Flow Statements (the next 12 months), plus an estimate of annual CRIZ revenue.
- 7. Personal Financial Statements. Owner, and (Guarantors if applicable) must complete and sign.
- 8. Personal Signed Tax Returns for All Owners (for the last 3 years).
- 9. Personal Budget Statement (if not an existing business).
- \_\_\_\_\_ 10. Resumes of all owners.
- \_\_\_\_\_ 11. Commitment letters for any additional funds required.

# **Application fees**

Applicants seeking grant funds will be required to remit an application fee of \$100 and an additional application fee of \$150 if seeking loan funds. **Application fees are due at the time of submission of the application.** Checks may be made payable to "*Lancaster CRIZ Authority*" and should reference the applying business's name and "SBFA Grant/Loan Application Fee" on the check memo line. (Ex: *ABC Restaurant: SBFA Grant/Loan Application Fee*)

# **Business Plan Outline**

As part of the information requested in the Application Checklist, all businesses should include a Business Plan in the Application Package. This business plan should include, at a minimum, information related to the areas listed below:

### a. Purpose of Your Business

- What product or service are you selling?
- What is unique about your business?
- What are your company's strengths and weaknesses?
- What is the nature of this industry?

#### b. <u>Description of Market</u>

- Who are your target customers?
- How large is the target market for your product?
- Is the market growing?
- What are your marketing and advertising strategies?
- What is your company's pricing strategy?
- What contracts or purchase orders do you currently have?

# c. <u>Description of Competition</u>

- Who are your competitors?
- What are your competitor's strengths and weaknesses?
- What has been the failure rate of your competitors in the last few years, and why have they failed?

# d. <u>Description of Management Capacity</u>

- What is your experience in this industry?
- What is your management background?
- Who will manage the business?
- Do you have a lawyer, accountant, or consultant to assist management?
- Who are the other key management people within your company?
- e. <u>Description of Legal Status</u>
  - How are you legally organized? (sole proprietor, partnership, corporation-C or S, nonprofit, cooperative, etc.) When was the business formed? Include a copy of the legal documents proving your organization's status.

Please note that these questions are only a guide to some of the topics you may need to address. Not all of them will apply to all businesses, and just answering this list will not adequately describe every business. Please include information that you believe will be helpful to the committee and CRIZ Authority to best understand your business.