



# Bagg's Square Commercial Corridor Entrepreneur Investment Program Application

## General Information

Name of Business: \_\_\_\_\_

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

Project Address: *(if different)* \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell#: \_\_\_\_\_

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

Tax ID#: \_\_\_\_\_ DUNS #: \_\_\_\_\_

## Business Ownership, President, Key Employees

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

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

Tax ID#: \_\_\_\_\_ DUNS #: \_\_\_\_\_

% Ownership of Business: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

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

Tax ID#: \_\_\_\_\_ DUNS #: \_\_\_\_\_

% Ownership of Business: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

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

Tax ID#: \_\_\_\_\_ DUNS #: \_\_\_\_\_

% Ownership of Business: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Accountant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Business Type

Structure: *(check one)*    Sole Proprietor    Partnership    Corporation *(specify)* \_\_\_\_\_

Goods Produced / Services Offered: \_\_\_\_\_

Annual Gross Sales: \_\_\_\_\_ Date Opened/Established: \_\_\_\_\_

# of Full-time Employees: \_\_\_\_\_ # of Part-time Employees: \_\_\_\_\_ MWBE %: \_\_\_\_\_

Business History:  Brief History of Business (provide information below) **OR**  Business Plan (attached)

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**Incentive Request**

Describe the business expansion and/or improvement the incentive will support:

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List specific construction, renovation, or capital improvements (provide plans/specifications/quotes if available):

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| Eligible Activity                        | Owner's Investment | Incentive Request | Other Funds | TOTAL |
|--|--------------------|-------------------|-------------|-------|
| Wages for job creation                   |                    |                   |             |       |
| Advertising and Marketing                |                    |                   |             |       |
| Equipment                                |                    |                   |             |       |
| Insurance                                |                    |                   |             |       |
| Permanent exterior building improvements |                    |                   |             |       |
| <b>TOTAL</b>                             |                    |                   |             |       |

**Match Investment**

EIP funding requires a minimum 1:1 match, maximum incentive funds not to exceed \$5,000.

Indicate source of the match below.

Total Incentive Request: \_\_\_\_\_ = Total Match: \_\_\_\_\_

Match Type: \_\_\_\_\_ Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Match Type: \_\_\_\_\_ Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Match Type: \_\_\_\_\_ Source: \_\_\_\_\_ Amount: \_\_\_\_\_

**Bank Information** *(if loan is used for match)*

**Financial Institution:** \_\_\_\_\_ **Amount Financed:** \_\_\_\_\_

**Name of Loan Officer:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Credit Reference**

**Financial Institution:** \_\_\_\_\_ **Credit Amount:** \_\_\_\_\_

**Name of Loan Officer:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Business Knowledge**  **Brief Biography** *(describe experience/skills below)*    **OR**     **Resume** *(attached)*

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**Market Analysis**

**Describe Competition:**

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**List Existing Targeted Customers / Users:**

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**Indication of Regional Need for Project, Products, Services:**

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**Community Development Block Grant Compliance**

**CBBG Outcome:**     **Job Creation**    **OR**     **Area Benefit**

**Job Creation** *(if applicable): new hires within 6 months prior to the application may be listed.*

| <b>New Job / Position</b> | <b># To Be Hired</b> | <b>Hours Per Week</b> | <b>Wage Rate</b> | <b>Employee Family Income</b> |
|---------------------------|----------------------|-----------------------|------------------|-------------------------------|
|                           |                      |                       |                  |                               |
|                           |                      |                       |                  |                               |
|                           |                      |                       |                  |                               |
|                           |                      |                       |                  |                               |

**Area Benefit (if applicable):**

- Will this project provide goods or services to a CDBG target neighborhood?  YES  NO
- Will this project eliminate slum & blight in a CDBG target neighborhood?  YES  NO
- If real estate will be purchased, has an environmental study been completed?  YES  NO

**Financial and Construction Information**

The following must accompany this application, if indicated as attached.

- Copy of building renovation specifications/plans (if applicable)
- Personal financial statement or current credit report from each owner
- Business Tax returns for the previous 2-years (existing businesses only)
- Business plan (new businesses only)
- Business balance sheet, income statement or cash flow statement.

If you need additional assistance completing the business and financial items above contact:

Mohawk Valley Small Business Development Center  
 SUNY Polytechnic Institute  
 Kunsela Hall, Room B206  
 SUNY Polytechnic Institute  
 100 Seymour Road  
 Utica, NY 13502  
 (315) 792-7550  
 www.sunyit.edu/sbdc

**Question & Answer Period**

Please submit any questions in writing by email to [baggsquareEIP@gmail.com](mailto:baggsquareEIP@gmail.com) by February 1, 2016. All responses will be posted to the Bagg’s Square Association website directly following the question and answer period.

**Signature**

I hereby certify that the information contained in this application is true and accurate. I understand that a knowingly-made false statement or misrepresentation in this application is cause for denial of a loan or grant. I understand that my signature serves as my affidavit regarding job creation/retention, equity investment, and the reimbursement of purchases is conditional upon approval of the forgivable loan is received. I understand that EIP investments must be maintained for a period of three years after final payments are made. This application shall remain property of the Bagg’s Square Association and I understand it is subject to review by the City of Utica Department of Urban and Economic Development.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Applicant \_\_\_\_\_ Date \_\_\_\_\_