

## Request for Economic Development Support

Date Application Completed by Applicant: \_\_\_\_\_ *Date Received in Economic Development:* \_\_\_\_\_  
This application is to provide detailed information regarding a proposed project. Additional information may be requested. Completion of this application does not guarantee the applicant will receive an incentive from the City of Upper Arlington. Please fill out all parts of the application completely. If a question does not apply to your company please fill in blank with N/A. Several items will ask you to provide information on separate sheets of paper

### Instructions:

*The following information must be submitted with this application before legislative action may be taken:*

- Project description and projected budget of project
- Most current interim financial statements (not more than 90 days old) and the previous year's financial statement
- Narrative history of existing businesses
- Site plan or expansion plan (if available)
- Any other information that you feel will assist in the review of your project

**Title of Project** \_\_\_\_\_

### A. Type of Assistance Desired *(If unknown, please leave blank. Please check all that apply.)*

\_\_\_ Forgivable Business Loan Grant      \_\_\_ TIF      \_\_\_ CRA      \_\_\_ Other *(Please attach statement)*

### B. Applicant Company/User

Name of Company/User: \_\_\_\_\_

Name of Applicant *(if different)*: \_\_\_\_\_ Relationship to Company/User: \_\_\_\_\_

Company/User Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Federal Tax ID Number (Company/User): \_\_\_\_\_ Federal Tax ID Number *(borrower, if different)*: \_\_\_\_\_

### C. Existing Business Information

Business Type: \_\_\_\_\_ Principle Product/Service: \_\_\_\_\_

Date established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Four Digit SIC #/NAICS Code: \_\_\_\_\_

Please check all which best describes your company: \* certification required

\_\_\_ C Corporation

\_\_\_ S Corporation

\_\_\_ Sole Proprietorship

\_\_\_ Partnership

\_\_\_ Limited Partnership

\_\_\_ Limited Liability Company

\_\_\_ Employee Stock Ownership Plan

\_\_\_ Minority owned (51% MBE)\*

\_\_\_ Women owned (51% WBE)

\_\_\_ Joint Venture (names of JV Partners)

## D. Description of Proposed Project

Location: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School District: \_\_\_\_\_

Is this a relocation of an existing business? \_\_\_\_ Yes \_\_\_\_ No If yes, from where? \_\_\_\_\_

*Note: A full-time employee is defined as one employee working a 40-hour workweek, year round.*

How many jobs will be relocated to UA? Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

If located in UA, how many jobs will be retained? Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

How many new jobs will be created? Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

What will be the total new payroll associated with the project? \_\_\_\_\_

Your company's annual payroll at date of application \_\_\_\_\_

Annual payroll one year previous to the application date \_\_\_\_\_

Annual payroll expected one year from date of application \_\_\_\_\_

Annual payroll expected two years from date of application \_\_\_\_\_

Annual payroll expected three years from date of application \_\_\_\_\_

How will this incentive benefit your company?

For what specific purpose will this incentive be used?

If leasing the building space or land for business, please describe:

Owner of Property \_\_\_\_\_

Address of Owner \_\_\_\_\_

Contact Information for Leasing Agent:

Lease expiration \_\_\_\_\_ Monthly lease amount \$ \_\_\_\_\_

Terms for renewal \_\_\_\_\_

Products/Services to be provided: \_\_\_\_\_

Will this project incorporate and LEED-design, energy conservation, or environmental presentation features? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

## E. Project Budget

### Project Costs:

Land \$ \_\_\_\_\_

Building \$ \_\_\_\_\_

Tenant Improvements \$ \_\_\_\_\_

Other (if applicable) \$ \_\_\_\_\_

**Total Project Costs** \$ \_\_\_\_\_

### Project Funding:

Owner Equity \$ \_\_\_\_\_

Requested City Funding (desired) \$ \_\_\_\_\_

Other (if applicable) \$ \_\_\_\_\_

**Total Project Funding** \$ \_\_\_\_\_

**F. Principal Officers/Owners** *(If they are required for the business to enter into legally binding agreements)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Percent Ownership: \_\_\_\_\_ Address *(If different from the company)*: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Percent Ownership: \_\_\_\_\_ Address *(If different from the company)*: \_\_\_\_\_

**G. Participating Lender(s)** *(If applicable.)*

Lending Organization: \_\_\_\_\_ Phone: \_\_\_\_\_  
Lending Organization: \_\_\_\_\_ Phone: \_\_\_\_\_  
Lending Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

**H. Financial Liability**

Explain any outstanding financial liabilities the applicant and /or company has with local or state governments in Ohio. Whether or not the amounts are being contested in a court of law, does the applicant and/or company owe:

- 1. Any monies to the City of Upper Arlington, the State of Ohio, or any state agency or any other community or political subdivision in the State of Ohio?

Yes \_\_\_\_\_ No \_\_\_\_\_

- 2. Any monies to the City of Upper Arlington, the state of Ohio, or any local or state agency for any services provided, or for the administration or enforcement of any program or law?

Yes \_\_\_\_\_ No \_\_\_\_\_

- 3. Is the company the subject of any existing tax lien?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to any of the above, please provide details of each instance, including, but not limited to, the location, amounts, and case identification number (if applicable). Attach Additional sheets if necessary.

**H. Time Frame**

Project Start Date: \_\_\_\_\_ End date: \_\_\_\_\_  
Requested Financing Needed By: \_\_\_\_\_

**As an authorized agent of the applicant company, I hereby submit this Economic Development Fund Application. I understand that any false statement in this record may be subject the applicant company and signer to criminal prosecution or civil liability . I understand that additional information may be requested, including personal and /or corporate financial statements. I also understand that this document in no way constitutes a commitment of funds by the City of Upper Arlington for any of its programs.**

**I hereby represent and certify that I have reviewed the information contained in the Economic Development Fund Application and the descriptions of incentives attached, and that to the best of my knowledge and belief have completely and accurately described the proposed project and company for which the incentive is being sought. I am aware that any falsification could lead to prosecution, but would also result in the return to the City of Upper Arlington of all monies/credits received by the company. I further agree to inform the Economic Development Director, Finance Director or City Manager of any changes in the information herein, which may occur prior to the time the applicant and the City of Upper Arlington execute an agreement contract.**

**The undersigned, on behalf of the company applicant, understand and acknowledges that even though the information contained in this application, or which hereafter may be communicated to the City of Upper Arlington, contains confidential and proprietary information, it may be subject to public disclosure during deliberations of the City of Upper Arlington and its employees or agents at meetings or in written or electronic communications, reports, or minutes. However, the City of Upper Arlington shall abide by the**

**confidentiality requirements authorized under the Ohio Revised Code and not release items that are not subject to release under the Ohio Public Records laws. Such information includes the following: Confidential information related to the marketing plans, specific business strategy, production techniques, trade secrets, or personal financial statements of an applicant for economic development assistance, or to negotiations with other political subdivisions respecting requests for economic development assistance, provided that following condition applies:**

**Information is directly related to a request for economic development assistance that is to be provided or administered under any provision of Chapter 715., 725., 1724., or 1728. or sections 701.07, 3735.67 to 3735.70, 5709.40 to 5709.43, 5709.61 to 5709.69, 5709.73 to 5709.75, or 5709.77 to 5709.81 of the Revised Code, or that involves public infrastructure improvements or the extension of utility services that are directly related to an economic development project.**

**Finally, I hereby authorize the City of Upper Arlington Finance Department or any of its agents to disclose to the City Manager, or the Economic Development Director, any information regarding corporate franchise tax, individual income tax, employer withholding tax, sales tax, use tax, or excise tax that are being paid or which may be delinquent to the City of Upper Arlington or State of Ohio.**

**The applicant expressly waives notice of disclosure(s) to the City of Upper Arlington Finance Department or by any agent of the department. The applicant expressly waives the confidentiality provision of the Ohio law, which would otherwise prohibit disclosure and agrees to hold the City of Upper Arlington and all the City's Departments and all of the City's departments and employees harmless with respect to the limited disclosure authorized herein. This authorization is binding on any and all heirs, beneficiaries, survivors, assigns, executors, Administrators, successors, receivers, trustees, or other fiduciaries of the company applicant.**

\* Please note that any information shared with the City is a public document and therefore subject to a public records request under the parameters set forth above.. If the parties choose to enter into an economic development agreement the terms of the final agreement will govern and not information that is provided in this application; specifics regarding incentives, income thresholds and length of terms will be addressed in the final agreement. This application is subordinate to the final agreement. \_\_\_\_\_ (Please initial)

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date