



**APPLICATION FOR  
BUSINESS DEVELOPMENT  
LOANS, LOAN-to-GRANT  
AND GRANT PROGRAMS**

**All Applicants must submit a signed copy of this application along with the supporting documents required in the application. Applications have a 30 window to be completed and provided to the City of Rochester beginning upon receipt of the application and help administered by City staff. Applications submitted after the 30 day window, are no longer eligible for assistance, but may reapply after 90 days. This helps to ensure the City is able to respond to every request in a timely manner and provide the best assistance available. Incomplete applications cannot be processed.**

Name of Applicant(s): \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Federal Tax ID # \_\_\_\_\_ Phone: \_\_\_\_\_

**For businesses in existence more than two years, the following items must accompany the application:**

- Detailed history and description of the business.
- Historical financial statements for the past three years, including balance sheets and income statements for each year.
- Detail of all existing business debt, including name of lender, original amount and date of the loan, loan term, monthly P&I payment amount, maturity date, and interest rate.
- Interim financial statements, including balance sheet and income statement, dated within 90 days of the application date with comparable statements for the same period in the prior year.
- If the company’s historical performance does not show sufficient cash flow to repay all existing and proposed new debt, three-year projections, including balance sheet and income statement for each year and along with all assumptions, is required.
- Current personal financial statement and consent to obtain a personal credit report for all principals and guarantors.

**For businesses in existence less than two years, every application must also be accompanied by a detailed Business Plan (See Attachment A).**



**(1) Business Ownership**

List all owners/officers of the business, their titles, and percentage of ownership:

<u>Name</u>	<u>Title</u>	<u>Ownership %</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**(2) Employment Information**

Current number of full-time employees: \_\_\_\_\_

Number of current employees that are City of Rochester residents: \_\_\_\_\_

Number of full-time jobs expected to be created by the business within the next three years: \_\_\_\_\_

Number of new full-time jobs that are expected to be filled by City of Rochester residents: \_\_\_\_\_

**(3) Sources and Uses of Project Funds**

Complete the following Sources and Uses of Funds chart for the project. Indicate each source of funding expected to be obtained and the amount (i.e., bank loan, lease financing, cash equity, etc.) and what the uses of the funds will be (i.e., acquisition of land and/or buildings, construction, renovation, purchase of equipment, working capital, etc.).

**Sources of Funds**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Sources of Funds</b>	\$ _____

**Uses of Funds**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Uses of Funds</b>	\$ _____

If applicable, provide the terms and collateral for all non-City financing sources listed on the previous page:

Lender: \_\_\_\_\_ Amount: \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Term: \_\_\_\_\_

Collateral: \_\_\_\_\_

Lender: \_\_\_\_\_ Amount: \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Term: \_\_\_\_\_ Collateral: \_\_\_\_\_

(Please attach an additional sheet, if necessary.)

**(4) City Financing Request Details**

Amount of City financing being requested: \$ \_\_\_\_\_

The loan term being requesting: \_\_\_\_\_ years

The collateral available to secure the City loan: \_\_\_\_\_

\_\_\_\_\_

---

**The Following Must Be Signed by the Owner/Principal of the Business**

**Non-Discrimination Certification:** I hereby certify that this company does not deny services, employment, or membership to persons based on political preference, race, religion, age, sex, sexual preference, handicap, or marital status.

**Application Certification:** I certify and affirm by my signature below the information contained in this application or otherwise supplied as part of this application is complete and current to the best of my knowledge. I further understand that intentional misrepresentation of facts may be the basis for a denial of credit.

**Credit Check:** I hereby give my permission to research the company=s and its principal(s) history, make credit checks, contact the company’s financial institution, and perform other related activities for the reasonable evaluation of this proposal.

**(Please complete and sign the following pages)**

## City of Rochester Disclosure

The Program for which you are applying may be part of one or more City of Rochester (hereinafter the "City"), federal, state, or other programs, including, but not limited to, the Community Development Block Grant (CDBG) Program, Emergency Solutions Grant (ESG) Program, HOME Investment Partnerships (HOME) Program, Housing Opportunities with Persons with AIDS (HOPWA) Program, Asset Control Area (ACA) Program, Rochester Economic Development Corporation (REDCO) or City Development Fund (CDF). Each of these programs has rules and regulations prohibiting conflicts of interest. Conflicts generally arise where the applicant or his or her family or business may have an economic or employment interest in the program or the entity providing the program.

Program regulations generally limit the participation of employees, agents, consultants, officers, or elected appointed officials of the City or any designated public agencies, or sub-recipients receiving Program funds, and those with whom they have business or immediate family ties, during their tenure or for one year thereafter. For federally assisted housing and community development programs, this applies unless an exception is granted by the **U.S. Department of Housing and Urban Development (HUD)**. In order for HUD to grant an exception to such persons there must be a public disclosure of the application and the City's Corporation Counsel must determine that the participation does not violate state or local law.

The objective of this form is to identify applicants that may have a conflict under the rules and regulations. The City will then determine whether an exception should be granted or requested. The City's Department of Neighborhood and Business Development, Office of the Commissioner, is responsible for conflict of interest determinations and the coordination of the exception process for federally assisted housing and community development programs.

### Name of Applicant(s):

Applicant 1:

Applicant 1: I am employed at \_\_\_\_\_ in the position of \_\_\_\_\_

Applicant 2: \_\_\_\_\_

Applicant 2: I am employed at \_\_\_\_\_ in the position of \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

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

Program Name: \_\_\_\_\_

I/We certify that **(Please ONLY check one option (1 or 2)):**

\_\_\_1. I/we **am/are NOT** an **employee**, agent, consultant, officer, or elected or appointed official of the City of Rochester, and am **NOT** a **relative** of an employee, agent, consultant, officer or elected or appointed official of City of Rochester, **nor part of any** designated public agencies, business, or sub-recipients receiving CDBG or other Program funds.

\_\_\_2. I/we **AM/ARE** an **employee** agent, consultant, officer or elected or appointed official of the City of Rochester **OR I/we am/are a relative of an employee**, agent, consultant, officer or elected or appointed official of the City of Rochester, or **I/we am/are** part of a designated public agency or worked any such agency within the last year, business or sub-recipient receiving CDBG or other Program funds.

I (\_\_\_do) or (\_\_\_do not) perform any duties relating to the Program.

For Family/Relative Affiliation:

\_\_\_\_\_ is the family member to whom I am related. (\_\_\_\_\_  
(Name) (Relationship)

This family member is employed at \_\_\_\_\_ in the position of \_\_\_\_\_.

This family member (\_\_\_ does) or (\_\_\_does not) perform any duties relating to the program.

Applicant #1

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant #2

Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF NEW YORK)

COUNTY OF MONROE) ss.:

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_ personally known to me, or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public/Commissioner of Deeds

## **ATTACHMENT A**

### **Elements of a Business Plan**

1. Cover sheet
2. Statement of purpose
3. Table of contents

#### **I. The Business**

- A. Description of business
- B. Marketing
- C. Competition
- D. Operating procedures
- E. Personnel

#### **II. Financial Data**

- A. Loan applications
- B. Capital equipment and supply list
- C. Balance sheet
- D. Breakeven analysis
- E. Pro-forma income projections (profit & loss statements)
- F. Three-year summary
- G. Detail by month, first year
- H. Detail by quarters, second and third years
- I. Assumptions upon which projections were based
- J. Pro-forma cash flow

#### **III. Supporting Documents**

- A. Tax returns of principals for last three years Personal financial statement (all banks have these forms)
- B. For franchised businesses, a copy of franchise contract and all supporting documents provided by the franchisor
- C. Copy of proposed lease or purchase agreement for building space
- D. Copy of licenses and other legal documents
- E. Copy of resumes of all principals
- F. Copies of letters of intent from suppliers, etc.