



PROJECT APPLICATION for ECONOMIC DEVELOPMENT GRO and LB840 PROGRAMS

Applicant:

Business Name: _____

Address: _____

Contact Person: _____

Title: _____

Telephone: _____ Email: _____

Federal Tax ID#/SS# _____

The Business

Classification	Organization	Type
_____ Administrative	_____ Proprietorship	_____ Start-Up
_____ Management HQ	_____ Partnership	_____ Existing
_____ Manufacturing/Processing	_____ Corporation	_____ Business Buy-Out
_____ Warehouse/Distribution	_____ Other	
_____ Retail		
_____ Service		
_____ Tourism		
_____ Wholesale		

Describe Business and its Product or Service:

Owner(s)	%

Percentage of Company Owned by:

Women _____%

Minorities _____%

Disabled Persons _____%

Employees:

Current number of employees _____ (full-time equivalent)

Proposed number of employees _____ (full-time equivalent)

Average management salary: \$ _____

Average wage of other employees: (circle hourly or annual)

Job Classification _____ Wage _____ hourly or annually

Job Classification _____ Wage _____ hourly or annually

Job Classification _____ Wage _____ hourly or annually

List Employee Benefits

Business Location:

_____ Inside City/Village of _____

_____ Outside the City/Village Limits but within the Zoning Jurisdiction of _____

_____ Located in Phelps County

The Project

Provide a general description of the project requiring financial assistance and include timeline.

Financial Request

Sources of Funds for Project:

Owner Equity _____
*Bank Financing _____
Other _____
Requested _____

Total Sources of Funds

Uses of Funds Requested:

Building _____
Furniture/Equipment _____
Training _____
Working Capital _____
Other _____

Total Uses of Funds

Total Project Costs

Use of funds cannot exceed 50% of total project costs.

*Financial Institution Financing the Project:

Name: _____

Loan Officer: _____

Telephone: _____ Interest Rate of Bank Financing _____%

