



Middlesex County Revitalization Commission

Application for Funding

Instructions: Complete this form and submit all other required information as described. Information can be submitted via email or mail to: Jeff Pugliese, 393 Main St., Middletown, CT 06457 jpugliese@middlesexchamber.com. Please be sure to review final checklist before submitting.

Section One: Program (Please check below the component you are applying to)

Revolving Loan Fund (10k-100k) _____

Job Creation Incentive (loan 10k-250k) _____

Job Creation Matching Grant (10k-100k) _____

Section Two: Applicant Information

Applicant (Recipient of Funds): _____

Address (City, State, and Zip Code): _____

Website _____

Federal ID Number _____

State Tax Registration # _____

Project Location _____

County _____

Contact Information: (Name, Title) _____

Tel #1 _____

Tel #2 _____

Fax _____

Email _____

Industry Sector _____

NAICS Code _____

International Exporting Business Yes _____ No _____

(Provide a Strategic Export Plan if applicable)

Applicant Structure (e.g. corporation, LLC, etc.) _____

Date Established _____

State of Incorporation _____

Employment: Existing _____ Full Time _____ (Registered with DOL)

Part-Time _____ Number of Hours per Week for Full Time _____

New Jobs: Full Time _____ Part-Time _____

Anticipated timeframe for new jobs _____

Ownership

(Submit under separate cover: (1) list of Name(s), (2) Title(s), (3) Address,(4) % of Ownership,(5) identify the % of women owned, veteran owned or minority owned if applicable; (6) Soc. Sec. # and/or Federal ID#):

Company Status

Does the applicant have any delinquent State, Federal or Local Taxes? Yes _____ No _____

(If yes, submit under separate cover)

Do any owners/ officers have any personal tax issues? Yes _____ No _____

(If yes, submit under separate cover)

Has the applicant or its owners ever filed for bankruptcy? Yes _____ No _____

(If yes, submit under separate cover)

Has the applicant or its owners ever been convicted of a felony? Yes _____ No _____

Does the applicant have any outstanding, pending or anticipated litigation, environmental, OSHA or other issues outstanding?

Yes _____ No _____ **(If yes, submit under separate cover)**

Has the applicant received prior state financial assistance from other government agencies or departments?

Yes _____ No _____ **(If yes, submit under separate cover)**

Section Three: Assistance Request Information Amount Requested: \$ _____

Brief Project Description and Use of Funds Request

(This should be very brief. Please submit a DETAILED project description under a separate cover):

Please note: At the discretion of the commission, financial assistance may require collateral.

Section Four: Additional Information (Please provide the following information under separate cover)

1. Last three fiscal years of accountant-prepared financials, including notes. If not available, please provide:
 - a. tax returns for last 3 years from company and accountant-compiled quarterly financials (e.g., Jan 1 to: Mar 31; Jun 30; Sep 30; Dec 31):
 - i. Balance sheet (assets and liabilities),
 - ii. Profit & loss statement (income and expense statement),
 - iii. Cash flow statement
 - b. Any information that helps to explain the current financial condition (such as copies of: current loans payable term sheets, real estate purchase agreements, signed machinery and equipment leasing or purchase agreements, summary of pending legal actions with monetary value, etc.)
 - c. Evidence of matching funds for EXP grant requests (e.g., business bank account balance, available line of credit, bank loan)
2. Applicant Structure Documentation
(Articles of Incorporation, Secretary of State Certificate of Legal Existence)
3. Detailed Project Description (include economic impact, measurement of impacts)
4. Financing Plan & Budget- Template included with this packet
 - a. Schedule A- Schedule A serves as a worksheet to help complete the salaries related to a Small Business Express Program application. The amounts listed in the document (included in the packet) should correspond to the bottom section of the "Other Auth. Expenses" of the Project Financing Plan and Budget.
IMPORTANT: No more than 50% of total State funds requested may be applied to salaries listed on the Project Financing Plan and Budget. Please include a SEPARATE list of new job titles and a brief description of education, duties, and hours to be worked per week.
5. Business Plan
6. Personal Financial Statements for owners with over 20% ownership
7. Schedule of Existing Employees and DOL Release (Included in this packet) (Exhibits A & B)
8. Letter of Good Standing from the Department of Revenue Services (DRS)

The Department of Revenue Services has initiated a new online method for taxpayers (businesses and individuals) to request a tax Status Letter or Letter of Good Standing. Going forward, only the taxpayer will be able to request Status Letters or a Letter of Good Standing through the DRS Taxpayer Service Center (TSC), or by submitting a paper request form using either the **TPG-169**, Individual Income Tax Status Letter Request or the **TPG-170**, Business Tax Status Letter Request available at www.ct.gov/DRS.

If the taxpayer is not in good standing or there are other reasons why a status letter cannot be generated online, the taxpayer will be prompted to submit a paper request for further review by DRS agency personnel, or the taxpayer will be informed of their outstanding obligations. More information is available in the recent DRS announcement, IP 2016(17), Informational Publication Status Letter.

Effective for new applications received after October 1, 2015: Each eligible small business applicant receiving financial assistance under the Small Business Express Program will be required to retain its contracted employment obligations for a period of twenty-four (24) consecutive months.

9. Copy of signed lease (if asking for partial rent on the project financing plan and budget)

10. All the other required information as listed and highlighted on the application form.

Section Five: Certification

It is hereby represented by the undersigned to the Middlesex County Revitalization Commission (MCRC) to consider the financial assistance requested herein, that to the best of my knowledge and belief no information or data contained in the application or in the attachments are in any way false or incorrect and that no material information has been omitted, including the financial statements. The undersigned agrees that banks, credit agencies, the Connecticut Department of Labor, the Connecticut Department of Revenue Services, the Connecticut Department of Energy and Environmental Protection, and other references are hereby authorized now, or anytime in the future, to give MCRC any and all information in connection with matters referred in this application, including information concerning the payment of taxes by the applicant, its owners, and executives. In addition, the undersigned agrees that any funds that may be provided pursuant to this application will be utilized exclusively for the purposes represented in this application, as may be amended. False statements made in the preparation and submission of this applicant and related materials are punishable as a Class A Misdemeanor under Connecticut General Statutes 53a-157b.

By submitting this document I, (insert Authorized Name/Title) _____ certify and agree to the above.

Signature _____ Date _____

