



## CHISAGO COUNTY HRA - EDA

### Business Assistance Financing Application – Forgivable Loan

**APPLICANT INFORMATION:**

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date Business was Established: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

NAICS/SIC Code: \_\_\_\_\_ Website: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

Business Type: \_\_\_\_\_ Corporation      \_\_\_\_\_ Sole Proprietorship      \_\_\_\_\_ Partnership

Please select:      \_\_\_\_\_ New Business      \_\_\_\_\_ Existing Business      # of Years in Business \_\_\_\_\_

Owner / Authorized Representative: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Owner / Authorized Representative: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PROJECT INFORMATION:**

*Location of Proposed Project:* \_\_\_\_\_

*Parcel #'s:* \_\_\_\_\_

*Present ownership of site:* \_\_\_\_\_

*Anticipated project start date:* \_\_\_\_\_      *Completion Date:* \_\_\_\_\_

*Amount of Business Assistance Requested:* \_\_\_\_\_

*Job Goals – as stated below TOTAL EMPLOYMENT NUMBERS will be included in development agreement:*

	Current Jobs			+	New Job Creation			=	TOTAL EMPLOYMENT NUMBERS	
	# of Employees	Average Hourly Wage	Benefits Value		# of Employees	Average Hourly Wage	Benefits Value		FT	PT
Full Time										
Part Time										

**LENDER INFORMATION:** Contact Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**LEGAL COUNSEL:** Contact Name: \_\_\_\_\_

Name of Firm : \_\_\_\_\_ Phone Number: \_\_\_\_\_

Purpose for which funds are to be used	HRA - EDA	Bank	Other	Other	Your Equity	Total
Property Acquisition						
Building Renovation						
New Construction						
Machinery/Equipment						
Inventory						
Working Capital						
Other						
<b>Total</b>						

**AUTHORIZED SIGNATURE OF APPLICANT**

**I/We certify** that all statements on this application are true and correct to the best of my/our knowledge and that any intentional misstatements will be grounds for disqualification.

**I/we authorize and agree to provide** reasonable access to information, and reasonable access to construction project site to allow monitoring the project implementation for compliance with program objectives and assistance guidelines.

**By signing** – applicant(s) agrees to job creation requirements, provide additional information if requested, and may be required to provide to Chisago County HRA-EDA a deposit to cover administration and consulting expenses associated with your project. Unused funds will be returned upon completion of this process.

**If forgivable loan request is approved** – a loan agreement is required.

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Applicant

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Applicant

**PLEASE COMPLETE APPLICATION AND ATTACH ALL REQUESTED DOCUMENTS LISTED ON CHECKLIST (NEXT PAGE) AND RETURN TO:**

**Chisago County HRA-EDA**  
**38871 – 7<sup>TH</sup> Avenue, PO Box 815, North Branch, MN 55056**  
**P:651-674-5664 F: 651-674-2996**  
**nancy@chisagocounty.org**

**OTHER REQUIRED DOCUMENTS:**

\_\_\_\_\_ Business Plan

1. Description of business
2. Marketing Plan
3. Operations Plan
4. Organization and Management Plan

\_\_\_\_\_ Financial Statements

1. Year-To-Date (current within 90 days) business financial statements including income statement and balance sheet
2. Business financial statements or business tax returns for the past two years
3. Schedule of existing debt
4. Aging of accounts payable and accounts receivable

\_\_\_\_\_ Summary of Project Costs

1. Source and uses of funds (completed in application)
2. Bids and estimates for project – Include purchase agreement, sworn construction statement, ect

\_\_\_\_\_ Collateral

1. Collateral Analysis
2. Detailed listing of all existing assets
3. Appraisals (if any)

\_\_\_\_\_ Projections

1. Cashflow and earnings projections for two years
2. Assumptions used in cashflow projections

\_\_\_\_\_ Copy of all legal documents. Includes: Lease, partnership agreement, appraisals, articles of incorporation, etc.

\_\_\_\_\_ Personal financial statements owners, officers and any partner with 20% or more ownership. Also include credit report if available.

\_\_\_\_\_ Brief resume of management, owners and officers

\_\_\_\_\_ Personal tax returns for the past two years

## TENNESSEN WARNING: DATA PRIVACY STATEMENT

In accordance with the Minnesota Government Data Practices Act, the Chisago County HRA-EDA is required to inform you of your rights as they pertain to private information collected from you. Private data is that information which is available to you from the Chisago County HRA-EDA but is not available to the public. The personal information the Chisago County HRA-EDA collects about you is generally considered private.

The information collected from you, as part of the attached application will be used to determine your eligibility for public financial assistance. You are not required to provide this information, but if you do not, the Chisago County HRA-EDA will not be able to determine your eligibility for assistance.

The private data we collect will be disseminated and used only when it is required for administration and management of the program. Persons or agencies with whom this information may be shared include:

1. Members of the Chisago County HRA-EDA and Chisago County staff who review applications.
2. Staff persons involved in administration of the assistance program.
3. Auditors who perform required audits of Chisago County HRA-EDA and Chisago County programs.
4. Authorized personnel from the Minnesota Department of Employment and Economic Development and the U.S. Department of Housing and Urban Development or other state and federal agencies providing funding assistance to you.
5. Personnel from the Chisago County HRA-EDA and/or City financial advisor to assist in the review of the application.
6. Those persons whom you authorize to see the data.
7. Law enforcement personnel in the case of suspected fraud.
8. Personnel from the City and/or Jurisdiction who will be reviewing and considering tax abatement.

Unless otherwise authorized by state statute or federal law, other government agencies using the private data must also treat it as private.

You may wish to exercise your rights as contained in Minnesota Government Data Practices Act. Those rights include:

1. The right to see and obtain copies of the data maintained on you,
2. The right to be told the contents and meaning of the data, and
3. The right to contest the accuracy and completeness of the data.

To exercise these rights, contact Nancy Hoffman, Executive Director, Chisago County HRA-EDA, 38871 7<sup>th</sup> Avenue, PO Box 815, North Branch, MN 55056, 651-674-5664.

**I/we have read and understand** the above information regarding my/our rights as a subject of government data.

Applicant	Title	Date
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Applicant	Title	Date
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