



Right Place. Right Size.

The Delaware Economic Development Authority
Application for Financial Assistance

Please select the program for which the Applicant is applying:

- Strategic Fund loan
Strategic Fund grant
Strategic Fund loan and grant
Delaware Technical Innovation Program (SBIR/STTR)
Delaware Brownfields Assistance Program

Instructions: This application is designed to be completed electronically, then printed, signed and notarized. Please make all efforts to complete the application electronically, although it will be accepted if completed by hand.

General Information

Please provide a detailed description of the project to support the Authority to determine that the project maintains or provides gainful employment for the people of Delaware, maintain or increase the tax base of Delaware's economy and maintain, diversify, or expand business and industry in Delaware:

Legal Name of Applicant (Business) Delaware Business License & Type Tax I.D. or SS# for an Individual Request
D/B/A (if applicable) Date Business Established (mm/yyyy) NAICS Code1
Sole Proprietorship General Partnership Limited Partnership S-Corp C-Corp LLC Individual Business Request
Applicant's Billing Address Business Phone #
Applicant's Street Address (if different) Applicant's Fax #

1 A North American Industry Classification System (NAICS) Code is a 6 digit number assigned to your business by the Delaware Department of Labor. NAICS Codes replaced SIC codes. A NAICS code is also referred to as the Principal Business Activity or Principal Product or Service code on your federal income tax return.

Business Description

State of Incorporation

| | | |
|------------------------------|--------------|-------------------------------------|
| Primary Project Contact Name | Title | Amount of Loan Financing Requested |
| | | \$ |
| Email | Phone Number | Amount of Grant Financing Requested |
| | | \$ |

Number of Applicant's Permanent Delaware-Based Full-time Jobs
(These numbers must coincide with the Employment Impact section on Page 4)

| Presently on Site | To Be Maintained | To Be Created | To Be Relocated to Delaware | TOTAL |
|-------------------|------------------|---------------|-----------------------------|-------|
| | | | | |

Fill out this section if applying for Brownfields Assistance Program

Number of permanent Delaware-based full-time jobs (minimum of 5) *at the project site* and estimated wages:
Jobs: Wages:

| On Present Site | To Be Maintained at the New Site | To Be Created at the New Site, if applicable | To Be Relocated into Delaware at the New Site, if applicable | TOTAL |
|-----------------------------|----------------------------------|--|--|-----------------------------|
| | | | | |
| Average Wage for Jobs Above | Average Wage for Jobs Above | Average Wage for Jobs Above | Average Wage for Jobs Above | Average Wage for Jobs Above |
| | | | | |

Will the Project Site be occupied or used by an entity other than the actual applicant?

Yes No If "Yes" please describe here the nature of the relationship that does or will exist between the applicant and the occupant(s) and attach hereto as "Exhibit 1."

Management & Ownership

(Show 100% ownership. If more space is necessary, attach a complete list formatted as below as "Exhibit: Management and Ownership - 1.")

| Name | SS# or Tax ID# | % Ownership | Address |
|------|----------------|-------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

Has the applicant or any person listed above:

| | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Been the subject of, or a party to, any formal or informal inspection, inquiry, investigation, administrative proceeding, criminal prosecution or civil litigation by any federal or state agency administering, or private person seeking relief under, state or federal statutes, regulations or rules governing collective bargaining, hours of labor, working conditions, industrial hygiene and safety, minimum wage standards, discrimination in wages, child labor, unemployment insurance, workers' compensation or other labor law matters? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Been the subject of or a party to any formal or informal inspection, inquiry, investigation, administrative proceedings, criminal prosecution or civil litigation by any federal or state agency administering, or private person seeking relief under, state or federal environmental statutes or regulations? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Been the subject of, or a party to, any formal or informal inspection, inquiry, investigation, administrative proceeding, criminal prosecution or civil litigation by any state or federal law enforcement, regulatory or administrative agency for the criminal or civil violation of any federal or state statute, regulation, rule or the terms of any license or permit issued by a federal or state agency, including the failure to hold such a license or permit? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Been the defendant in any civil litigation in which any type of fraud, misrepresentation, unfair or deceptive trade practices were alleged? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Been debarred or suspended from contracting with any state or federal agency or from receiving financial assistance from any state or federal agency? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Been denied any license or permit or had any license or permit revoked or suspended by any federal, state or local agency or governmental body? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Been convicted of a crime? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Filed a voluntary petition in bankruptcy or had an involuntary petition in bankruptcy filed against the Applicant, in any bankruptcy court, or been subject to any other state or federal insolvency or receivership proceedings? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Been an owner or manager of a manufacturing facility that was designated as a chronic violator by the Delaware Department of Natural Resources & Environmental Control? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have a family member who is currently employed in either the Delaware General Assembly and/or Executive Branch? Family member is defined as sibling, parent, aunt, uncle cousin or second cousin. If so by what relationship. |

If the answer to any question above is "Yes", furnish details on a separate page and attach as: "Exhibit: Management & Ownership – 2"

Outsourced Management Information

| | | | |
|------------------------------|----------------------------------|----------|------------|
| Name of accountant: | Name of accountant's legal firm: | Address: | Telephone: |
| Name of legal counsel: | Name of legal counsel's firm: | Address: | Telephone: |
| Other applicable consultant: | | Address: | Telephone: |

Project Information – Strategic Fund loan or grant

If the project does **not** involve construction, acquisition, or securing of a building or land, click “NA” here and ignore Section A - NA
 If the project does **not** involve purchasing, reimbursement or securing of equipment click “NA” here and ignore Section B. - NA

A. Location of Proposed Project

Street Address _____ City _____ Zip Code _____ County _____

- Yes No If applicant is not the owner of the project site, does the applicant lease the project site or any buildings on the site? If “yes”, when does the lease expire?
- Yes No Is there a relationship legally or by virtue of common control between the applicant or proposed occupant of the project, and the present owner of the property? If “yes”, describe briefly here:

B. Equipment

List each item of **new** equipment to be acquired in the project.
 If more space is necessary, ignore here and attach a list formatted like below as “Exhibit: Equipment - 1”

| Description | On Order? | Date Ordered | Price | Date To Be Received |
|-------------|--|--------------|-------|---------------------|
| 1. | Yes <input type="checkbox"/> No <input type="checkbox"/> | | \$ | |
| 2. | Yes <input type="checkbox"/> No <input type="checkbox"/> | | \$ | |
| 3. | Yes <input type="checkbox"/> No <input type="checkbox"/> | | \$ | |
| 4. | Yes <input type="checkbox"/> No <input type="checkbox"/> | | \$ | |
| 5. | Yes <input type="checkbox"/> No <input type="checkbox"/> | | \$ | |

List each item of **used/existing** equipment to be acquired as part of the project.
 If more space is necessary, ignore here and please attach a complete list formatted like below as “Exhibit: Equipment - 2”

| Description | Date Purchased | Price | Location |
|-------------|----------------|-------|----------|
| 1. | | \$ | |
| 2. | | \$ | |
| 3. | | \$ | |
| 4. | | \$ | |
| 5. | | \$ | |

Employment Impact

Indicate the number of Delaware-based full-time people that will be employed by the applicant or its related affiliate at the end of the first, second, and third year period after the project has been funded. All projections should be accurate, conservative, and achievable since employment projections may become a part of the financing agreements with the Authority. Include existing, new, and relocated jobs.

| Type of Employment | Number of Full-Time Employees One Year After Funding | Number of Full-Time Employees Two Years After Funding | Number of Full-Time Employees Three+ Years After Funding |
|------------------------------|---|--|---|
| Professional or Managerial | | | |
| Engineering or Skilled Labor | | | |
| Unskilled & Semi-Skilled | | | |
| TOTALS | | | |

Provide job titles that correspond to the newly created or relocated jobs as a result of the Authority financing, together with estimated annual wages for each title. If more space is necessary, ignore here and please attach a complete list as “Exhibit: Employment Impact”
 Will you be attaching a separate list: Yes No

| Job Titles | Job Type | # of Jobs | Estimated Minimum Wages | Benefits Included |
|------------|----------|-----------|----------------------------|-------------------|
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |

Project Information – Brownfields Assistance Program

A. Project Location

Address (if the site's address not yet available, provide another form of geographic location information)

Will there be any changes in ownership of the business or the property in the next 36 months? Yes No
If "yes", describe briefly here:

B. Project Site

Indicate the approximate size and unit of measure: acres or square feet

Is the applicant the present owner? Yes No

C. Project Costs

Environmental Consulting Fees*: \$ _____

Site Investigation Costs* (e.g. sampling, lab analysis, etc.): \$ _____

Site Remediation Costs: \$ _____

Total Assessment and/or Remediation Cost: \$ _____

* Provide a breakdown of these fees and costs on a separate page. Attach as "Exhibit: Project Costs"

D. Legal Representations

Have all approvals and permits from all government agencies necessary for the project been obtained? Yes No
If no, please list all approvals and permits that have not been obtained and indicate when it is anticipated that that will be obtained.
Use a separate page and attach as "Exhibit: Project Information – 1".

Does the project comply with all applicable federal, state, and local laws or ordinances? Yes No
If no, please explain and attach as "Exhibit: Project Information – 2"

Has the actual applicant or proposed occupant(s) of the site received financial support from the Delaware Economic Development Authority in the past? Yes No
If yes, please state the date and nature of support here:

Project Information – Technical Innovation Program (SBIR/STTR)

Within the space provided below, please provide a description of the proposed research project understandable to a layperson. Also identify the use of the bridge funding, if approved as relevant to your business. Please note that SBIR/STTR bridge funding can be used to help cover the salaries of personnel, or defray expenses connected with scientific research, patent search and applications, strategic and business plan development, market research, product planning and product development, etc. If the project is an STTR, please note the university with which the Applicant is partnering with.

Capital equipment and construction or modification of facilities is not covered.

Within the space provided below, please describe how the proposed research project will benefit the Delaware economy (i.e., discuss jobs involved, wage scales, location of project, estimated tax benefit to Delaware, potential commercial application of, etc.)

Certifications and Notarization to Applicants

CERTIFICATION -- Eligibility for financial assistance from the Delaware Economic Development Authority is determined by the information presented in this application and in the required exhibits and attachments. Any change in the status of the proposed project from the facts presented herein could disqualify the project, including but not limited to, the commencement of construction or the acquisition of assets such as land or equipment. Please contact the staff of the Authority before taking any action which would change the status of the project as reported herein.

To the extent permitted by Delaware's Freedom of Information Act, all information contained in this application or obtained by the Authority in investigating or considering this application will be kept confidential, except for disclosure to the Council, to the staff and attorneys of the Authority and DEDO, and except for disclosures made at the public hearing of the Council and in any published notice of such hearing. If a loan is made for your project, confidentiality may also be affected by any information reporting and other requirements imposed on the Authority by the Internal Revenue Code.

I, the undersigned, being duly sworn upon my oath say:

1. The Applicant as listed in section 1-A is the recipient of the funds.
2. The Applicant hereby agrees, if this application is approved, to comply with all federal, state, and local laws affecting the grant to be issued and the operation of the proposed project. As part of this agreement, the Applicant agrees to use its best efforts in good faith to meet all employment projections set forth herein and to give the first opportunity of employment to qualified Delaware residents for all unskilled and semi-skilled workers employed by the applicant. The Applicant agrees to report to the Authority, no later than June 30 of the year following the start of its operation of the project, the total number of its unskilled and semi-skilled employees and the number of its unskilled and semi-skilled employees who were residents of Delaware at the time of their employment.
3. The Applicant hereby acknowledges and agrees that the Authority reserves the right to and may disclose any information contained in this application and its supporting documents to the Council on Development Finance (CDF), to the staff and attorneys of the Authority and the DEDO, at any public hearing held on this application by the CDF, in any published notice of such hearing, and that this application is subject to the Delaware Freedom of Information Act.
4. The Applicant hereby agrees that any officers, employees, agents or attorneys of the Authority or the Delaware Economic Development Office ("DEDO") may have access to and copy any and all information in any form pertaining to Applicant, including, but not limited to, tax returns and information from tax returns as used in 30 Del. C. §368, in the custody of any State of Delaware, or other State, department, agency, instrumentality, division, office, board, bureau, council, commission, committee, panel or "public body," as that term is defined in the Delaware Freedom of Information Act, 29 Del. C. § 10002(a), including, but not limited to, the Departments of Finance, State, Labor, and Natural Resources and Environmental Control of the State of Delaware, the United States Environmental Protection Agency, the United States Department of Labor, the National Labor Relations Board or any other agency of the federal government having custody of information deemed pertinent by DEDO or the Authority staff or attorneys in evaluating Applicant's application for assistance.
5. This application, with all attachments & exhibits, is the product of diligent and reasonable investigation that I have either overseen or been personally involved.
6. I have carefully read this application, including all attachments and exhibits, and the information contained in this application, including all attachments and exhibits, is true, accurate and complete to the best of my information and belief.
7. I am a "high managerial agent" of the Applicant, as defined in Del. C. §284(b), and I am acting within the scope of my employment and in behalf of the Applicant.
8. I understand that if I have intentionally made a false statement in this application, or someone else has made a false statement herein that I know or believe to be false, I am subject to criminal prosecution. Further, the Authority, at its option, may terminate its financial assistance.
9. That the information reported herein is true, accurate and complete. I understand that these reports are made in support of claims for government funds.
10. I understand the Authority may also require the following:

- | | |
|---|---|
| A. Appraisals on real property and/or machinery and equipment. (Appraisers acceptable to the Authority). | D. Accounts payable aging. |
| B. An environmental analysis - Phase I. | E. Bank loan exception letters. |
| C. Accounts receivable aging. | F. Financial information to be prepared by a CPA acceptable to the Authority. |
| | G. Additional information as determined by Authority staff. |

Name of Applicant (Business)

Signature of Representative of the Applicant

Title

Date Signed

/ /

Notary Information

State of _____

County of _____

Signed and sworn to (or affirmed) before me on: / / 20____ by _____

(Representative of Applicant, not Notary)

[SEAL]

(Name of Notary Public)

My Commission Expires: _____

EXHIBITS REQUIRED

This application will not be considered complete unless the following items are submitted with the application form.

A. “If yes” or “If Necessary” exhibits from application:

- | | | |
|-----------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Attached | <input type="checkbox"/> NA | Exhibit: Management & Ownership – 1 |
| <input type="checkbox"/> Attached | <input type="checkbox"/> NA | Exhibit: Management & Ownership – 2 |
| <input type="checkbox"/> Attached | <input type="checkbox"/> NA | Exhibit: Equipment – 1 |
| <input type="checkbox"/> Attached | <input type="checkbox"/> NA | Exhibit: Equipment – 2 |
| <input type="checkbox"/> Attached | <input type="checkbox"/> NA | Exhibit: Employment Impact |

B. Certificate of Good Standing* and Business License:

- | | | |
|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Attached | <input type="checkbox"/> In Process | An original Certificate of Good Standing issued by the Division of Corporations of the Delaware Secretary of State’s office within the thirty-day period before the date of the application |
| <input type="checkbox"/> Attached | <input type="checkbox"/> In Process | A copy of the business license issued by the Division of Revenue of the Delaware Department of Finance. |

* Certificate of Good Standing is not available for sole proprietorships or some general partnerships, but is for all other entities.

C. Financial information*:

- | | | |
|-----------------------------------|-----------------------------|---|
| <input type="checkbox"/> Attached | <input type="checkbox"/> NA | Three most recent years of financial statements and as much of the current year as is available, (but not more than three months old). Include as “Exhibit: Financial Statements” |
| <input type="checkbox"/> Attached | <input type="checkbox"/> NA | Three most recent years of tax returns. Include as “Exhibit: Tax Returns” |
| <input type="checkbox"/> Attached | <input type="checkbox"/> NA | Completed copy of “List of All Outstanding Obligations” form that follows |
| <input type="checkbox"/> Attached | <input type="checkbox"/> NA | Completed copy of “Project Source & Use of Funds” form that follows |

* All requested exhibits are required unless specifically told otherwise by DEDO. If the applicant is a new entity with less than two years of financial statements, provide personal financial statements and tax returns of each principal (or the parent company) for the past three years.

D. Personal Financial Statements

- | | | |
|-----------------------------------|-----------------------------|---|
| <input type="checkbox"/> Attached | <input type="checkbox"/> NA | Use the form that follows only if you have been asked to complete it in advance by a DEDO representative. Personal Financial Statements are usually only requested when a personal guarantee is involved. Save this document in case you will be asked to fill out this section in the future |
|-----------------------------------|-----------------------------|---|

E. Certificate of Incorporation, Corporate Bylaws, Certificate of Formation and Limited Liability Operating Agreement*:

- | | | |
|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Attached | <input type="checkbox"/> In process | A copy of the original Certificate of Incorporation issued by the Division of Corporations of the Delaware Secretary of State’s office within the thirty-day period before the date of the application. |
| <input type="checkbox"/> Attached | <input type="checkbox"/> In process | A copy of the corporation’s bylaws, if applicable. |
| <input type="checkbox"/> Attached | <input type="checkbox"/> In process | A copy of the original Certificate of Formation issued by the Division of Corporations of the Delaware Secretary of State’s office within the thirty-day period before the date of the application. |
| <input type="checkbox"/> Attached | <input type="checkbox"/> In process | A copy of the original signed and executed limited liability company operating agreement. |

*Certificate of Incorporation and Corporate Bylaws apply to Delaware corporations; Certificate of Formation and Limited Liability Operating Agreement apply to Delaware limited liability companies. Corporations are not required to have bylaws; in this event, please submit a copy of the Articles of Incorporation.

Non-refundable application fee: please refer to the “Application Fee Schedule” form that follows for the appropriate amount.

LIST OF ALL OUTSTANDING OBLIGATIONS – Strategic Fund loan or grant
(Notes, Mortgages, and Accounts Payable)

Applicant:

| Description of Note with Collateral/Security | Original Date | Original Amount | Present Balance | Current or Delinquent | Monthly Payment | Maturity Date | Creditor | |
|--|---------------|-----------------|-----------------|-----------------------|-----------------|---------------|----------|-------|
| | | | | | | | Name | Phone |
| | | \$ | \$ | | \$ | | | |
| | | \$ | \$ | | \$ | | | |
| | | \$ | \$ | | \$ | | | |
| | | \$ | \$ | | \$ | | | |
| | | \$ | \$ | | \$ | | | |
| | | \$ | \$ | | \$ | | | |
| | | \$ | \$ | | \$ | | | |
| | | \$ | \$ | | \$ | | | |
| | | \$ | \$ | | \$ | | | |

SIGNATURE _____ DATE: _____

The information contained in this schedule is a supplement to your balance sheet and should balance to the liabilities presented on that form.

PROJECT SOURCE & USE OF FUNDS – Strategic Fund loan or grant

| USE OF FUNDS | | SOURCE OF FUNDS | | | | | |
|---|-----------|---------------------|---------------|---------------|------------|-----------|---------------------|
| USE | Amount | Lender | Term (Months) | Interest Rate | Collateral | Amount | Annual Debt Service |
| Land | \$ | | | % | | \$ | \$ |
| Acquisition of Existing Building | \$ | | | % | | \$ | \$ |
| Renovation of Existing Building | \$ | | | % | | \$ | \$ |
| Construction of New Building | \$ | | | % | | \$ | \$ |
| Purchase of New Equipment and Machinery | \$ | | | % | | \$ | \$ |
| Purchase of Used Equipment and Machinery | \$ | | | % | | \$ | \$ |
| Renovation of Existing (Used) Equip. & Ma | \$ | | | % | | \$ | \$ |
| Construction of Roads, Utilities, Etc. | \$ | | | % | | \$ | \$ |
| Engineering and Architectural Fees | \$ | | | % | | \$ | \$ |
| Debt Service Reserve Fund | \$ | | | % | | \$ | \$ |
| Interest During Construction | \$ | | | | | \$ | \$ |
| Closing Costs | \$ | | | % | | \$ | \$ |
| Inventory | \$ | | | % | | \$ | \$ |
| Furniture and Fixtures | \$ | | | % | | \$ | \$ |
| Equity | \$ | | | % | | \$ | \$ |
| Other (Specify) | \$ | | | % | | \$ | \$ |
| | \$ | | | % | | \$ | \$ |
| | \$ | | | % | | \$ | \$ |
| TOTAL COST | \$ | TOTAL SOURCE | | | | \$ | \$ |

APPLICATION FEE SCHEDULE

(Delaware Strategic Fund loan or grant)

| FINANCING REQUESTED | APPLICATION FEE |
|----------------------------|------------------------|
| Up to \$100,000 | \$250 |
| 100,001 – 150,000 | 750 |
| 150,001 – 250,000 | 1,250 |
| 250,001 – 350,000 | 1,750 |
| 350,001 – 450,000 | 2,250 |
| 450,001 – 550,000 | 2,750 |
| 550,001 – 650,000 | 3,250 |
| 650,001 – 750,000 | 3,750 |
| 750,001 – 850,000 | 4,250 |
| 850,001 – 950,000 | 4,750 |
| 950,001 – 1,050,000 | 5,250 |
| 1,050,001 – 1,150,000 | 5,750 |
| 1,150,001 – 1,250,000 | 6,250 |
| 1,250,001 – 1,350,000 | 6,750 |
| 1,350,001 – 1,450,000 | 7,250 |
| 1,450,001 – 1,550,000 | 7,750 |
| 1,550,001 – 1,650,000 | 8,250 |
| 1,650,001 – 1,750,000 | 8,750 |
| 1,750,001 – 1,850,000 | 9,250 |
| 1,850,001 – 1,950,000 | 9,750 |
| In excess of 1,950,000 | \$10,000 |

Brownfields Assistance Program - \$250.00

Delaware Technical Innovation Program - \$250.00

*If applying for both a Strategic Fund loan and grant, each requires that a fee be paid per the request, unless otherwise waived by The Authority.