Application Date:

Type of Application:  Building Renovation |  Entrepreneurial Seed Funding |  Existing Business

|  |  |  |
| --- | --- | --- |
| **Applicant Contact Information** | | |
| Contact Person | Contact Telephone | Contact Email |
| **Company Information** | | |
| Company Name | Date Established | EIN |
| Address | | |
| Status of Business  Existing  New  Purchase of Existing | Form of Ownership  Sole Prop./DBA  Partnership  LLC/Corporation | Ownership Status  Minority owned  Woman owned  Veteran owned |
| Type of Business  Food & Beverage Est/Provider Retail Hospitality Entertainment/Rec Wholesale  Business Services Consumer Services Personal Care Services Consulting  Manufacturing Construction Transportation Other | | |
| Primary Product or Service | Number of Current Employees:  Full Time  Part Time  Seasonal | Number of Jobs to be Created:  Full Time  Part Time  Seasonal |
| **Principals/Owners** | | |
| Name & Title | Home Address | % Ownership |
|  |  | % |
|  |  | % |
|  |  | % |
| **Project Information** | | |
| Project Location (if different from company address): | | |
| Does the applicant own the property where the project will occur? Yes No  If no, will there be renovations made to the property? Yes No  If there will be renovations, has the property owner been notified and given approval? Yes No | | |
| Project Quality of Life Impacts (choose all that apply and describe below):  Result in the reuse of vacant space Include measures to improve energy efficiency  Positively Impact youth Include measures to improve accessibility  Describe: | | |
| Use of Funds: New Construction Renovation/Leasehold Improvements  Signage  COVID Response Machinery & Permanent Equipment | | |
| If use of funds includes COVID Response, describe the impact of COVID on the business, the need for funding, and how the funding will impact the sustainability and resiliency of the business or property: | | |
| Project Description: | | |
| Project Timeline: | | |

**Project Budget: Sources & Uses**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Use of Funds** | **Bank** | **Owner** | **DRI Grant** | **SBAP Loan** | **Total\*** |
| Building/Land Acquisition | $ | $ |  | $ | *$ 0.00* |
| New Construction | $ | $ |  |  | *$ 0.00* |
| Renovation/  Leasehold Improvement | $ | $ | $ |  | *$ 0.00* |
| Soft Costs | $ | $ | $ | $ | *$ 0.00* |
| Signage | $ | $ | $ | $ | *$ 0.00* |
| Machinery & Permanent Equip. | $ | $ | $ | $ | *$ 0.00* |
| Inventory | $ | $ |  | $ | *$ 0.00* |
| Working Capital | $ | $ |  | $ | *$ 0.00* |
| PPE | $ | $ | $ | $ | *$ 0.00* |
| Other COVID-related | $ | $ | $ | $ | *$ 0.00* |
| Other (describe below) | $ | $ | $ | $ | *$ 0.00* |
| **Total\*** | *$ 0.00* | *$ 0.00* | *$ 0.00* | *$ 0.00* | *$ 0.00* |

Describe any expenses included under “Other”:

*\*Numbers in the “Total” column and row are formulas. To update the figures, right click on the number and select Update Field. Otherwise the formulas will update the next time the document is opened.*

**Project Financing**

DRI Grant Funds will be provided on a reimbursement basis. Please describe how these costs will be covered prior to reimbursement:

**Additional Documentation**

Please provide the following based on your type of application:

|  |  |  |
| --- | --- | --- |
| Building Renovation | Entrepreneur Seed Funding | Existing Business |
| Attached application supplement  Existing floor plans  Renovation plans, including preliminary drawings and proposed floor plans (if available)  Resumes or CVs for all project team members  5-year operating pro forma (assuming receipt of DRI grant) | Business Plan  Resumes or CVs for all owners  P&L and Balance Sheet for business to date (if applicable)  2 years of projected financials (P&Ls, balance sheets, cash flow statements) | Business Plan  Resumes or CVs for all owners  P&L and Balance Sheet for  2018  2019  2020 thru October  Projected P&L and Balance Sheet for 2021 and 2022 |

**Acknowledgement**

The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of this application or any resulting financial assistances, as well as potential recapture of any benefit received.

I have read the overview of the Auburn DRI Small Project Grant Fund and agree to comply with all terms and conditions contained therein, as well as the policies of the Cayuga Economic Development Agency and City of Auburn Small Business Assistance Program Committee.

Signature of Authorized Business Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Name Title

Project Location:

**Current Building Condition**

|  |  |  |
| --- | --- | --- |
| Number of Stories | Total Square Footage | Percent Vacant |

Current Number of Units:

Occupied: Market-Rate Residential       | Affordable Residential       | Commercial

Vacant: Market-Rate Residential       | Affordable Residential       | Commercial

Describe the building current condition:

**Status of Project**

Will the project require a site plan review by the City?  Yes  No  Don’t know

If yes, what is the status of your site plan application? Not submitted Submitted Approved

Have you applied for a building permit?  Yes  No

Have you completed any of the following environmental reviews/tests (check all that apply and attached details of each that has been completed):

Phase I ESA

Lead-based paint testing on residential units or elsewhere?

Radon testing

Asbestos evaluation

**Project Outcomes**

Number of Construction Jobs to be Created:

Total Number of Units Available:

Market-Rate Residential       | Affordable Residential       | Commercial

Will the project (check all that apply):

Restore, preserve, save, or enhance a historic property

Create or support affordable housing units