

Application for Funds
Carrington Area Job Development Authority

Date: _____

Name of Individual: _____ Name of Company: _____

Mailing Address, City, State, Zip: _____

Phone Number(s): _____ E-mail: _____

Business Location Address or Legal Description: _____

Name and Ownership Percentage: _____

Phase of Development: Start-up Expansion Retention

Employees:

Present #: _____ Full Time _____ Part Time Future #: _____ Full Time _____ Part Time By Year: _____

Payroll: Present Amount \$ _____ Future Amount \$ _____

Applying For: (1) Business Development (2) Façade (3) Job Credit (4) Loan (5) Daycare

COMPLETE THE SECTION (corresponding number) THAT PERTAINS TO YOUR REQUEST

(1) BUSINESS DEVELOPMENT GRANT (Expanding or Creating a Business)

Please attach a detailed description of the proposed project (not more than two pages) that also includes trade area, specific jobs created, community impact, etc.

Amount of Owner Equity: _____ Please Describe Equity: _____

Funding Sources:	Amount	Use of Funds
<input type="checkbox"/> JDA Development Fund (asking for)	_____	_____
<input type="checkbox"/> CDC	_____	_____
<input type="checkbox"/> Primary Lender _____	_____	_____
<input type="checkbox"/> Secondary Lender _____	_____	_____

(2) FAÇADE GRANT (Business Renovations for Building Exterior)

Applicant is: Building and Business Owner Business Owner Building Owner

If applicant is not the building owner, please provide the following:

Owner Name and Mailing Address: _____

- **Important:** If applicant is not the building owner, please provide a letter from owner endorsing and permitting the proposed renovations.

Has applicant received grant money in the past 7 years from the Carrington Job Development Authority? Yes No
Total dollar amount? _____ How long has the current business been at this location? _____

How long has the present building owner owned the property? _____

Is the second floor of the building occupied? Yes No N/A

Have improvements costing more than \$2,500 been made to the building in the past 3 years? Yes No

If yes, please give a brief description:

Brief Description	Amount Spent

Budget and Time Frame:

Estimated Cost of Materials \$ _____ Estimated Cost of Contractual Labor \$ _____

Estimated TOTAL Cost of Project \$ _____ (Quote from contractor is required and MUST be included)

Portion of the project applicant will pay \$ _____ Amount grant applicant is applying for \$ _____

Estimated date the project will begin if grant is awarded? _____ Estimated completion date? _____

(3) JOB CREDIT: \$500 FULL TIME EMPLOYEE (36+ hours/week) / \$250 PART TIME EMPLOYEE (less than 36 hours/week)

Positions to be ADDED: # _____ Full Time # _____ Part Time

Job Description /Names _____

- Provide payroll print out 90 days before request and again six months after request. Money will be paid out at six months.

(4) LOW INTEREST BUSINESS LOAN:

Loan Amount Requested? \$ _____ Approximate per month repayment? \$ _____

Please attach a detailed description of the proposed project (not more than two pages). Applicant must provide loan denial from a local bank.

The data which you supply this organization will be used to access your individual or your firm's qualifications for a business grant / loan. We will not be able to process your financial application without it. There is a possibility that this data might constitute a public record and, at that time, the data may be examined by anyone. The undersigned says she/he is duly authorized to verify the foregoing application, that she/he has read the same and is familiar with the statements contained herein and that the same are true in substance and in fact. I understand that I must comply with all the regulations of the JDA and the City of Carrington.

Authorized Signature: _____ Date: _____

Please return to: Denise Schuchard, Executive Director
Job Development Authority
PO Box 501, Carrington, ND 58421
Phone: 701-652-3919 / 701-653-5106

