
INITIAL PROJECT INFORMATION

MAHONING VALLEY ECONOMIC DEVELOPMENT CORPORATION
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NOTE: This Initial Project Information packet is designed to collect introductory data regarding a proposed project. From the information provided, a decision will be made as to whether or not a full application will be requested from the prospective borrower. To provide additional information, include an attachment. If any requested information is not submitted, a decision to request a full application cannot be made.

TYPICAL 'GENERIC' REQUIREMENTS FOR ALL PUBLIC-SECTOR LOANS

All of the following information must be submitted for you initial project review.
Please indicate whether or not this information is included.

- ___ Three (3) Years Historical Financial Statements (Balance Sheet, P & L)
- ___ Three (3) Years Projected Financial Statements (Balance Sheet, P & L)
- ___ Interim Financial Statements (not more than 90 days old)
- ___ Brief Description of existing Business
- ___ Three (3) Years Income Tax Returns (business, personal, affiliates)
- ___ Description of New Project
- ___ Letter of Commitment from Participating Bank
- ___ Resumes of Officers and Key Management Personnel
- ___ Cost Estimates Pertaining to New Project
- ___ One (1) Year Cash flow statement (month by month)
- ___ Information Concerning Current Working Capital Line
- ___ Certify that no principal who owns at least 50% of the voting interest of the company is delinquent more than 60 days under the terms of any (a) administrative order, (b) court order, or (c) repayment agreement that requires payment of child support.

Employment in Existing Facility (if any): _____

Jobs Retained via Assistance _____

New Employment from Project One (1) Year After Completion _____

New Employment from Project Three (3) Years After Completion _____

***PLEASE DO NOT FORGET TO INCLUDE
COMPANY / INDUSTRY ASSUMPTIONS***

I. Applicant Information

Name of Company: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Contact Person: _____

Phone: _____ Fax: _____

II. Principal Officers (10% Ownership or More)

Name & Title: _____

Percent of Ownership: _____ Social Security #: _____

Name & Title: _____

Percent of Ownership: _____ Social Security #: _____

Name & Title: _____

Percent of Ownership: _____ Social Security #: _____

(Attach additional sheet if necessary)

Officers: President _____ Secretary _____

Vice President _____ Treasurer _____

III. Information Regarding Business

Description of Business: _____

Principle Product/Service: _____

Corporate Structure: _____ Date Established: _____

Employer ID: _____

Current Employment Information:

Number of Total Employees: _____ Number of Full Time Employees: _____

Current Annual Payroll _____

Number of Minority Employees: _____ Number of Female Employees: _____

Number of full time employees to be hired within three years as a result of this project: _____

Projected Annual Payroll: _____

Number to be Retained: _____

Affiliates: _____

Attorney: _____ Phone Number: _____

Accountant: _____ Phone Number: _____

Share of Outstanding Stock:

Stockholders: _____

Articles of Incorporation, Articles of Organization, Share Journal attached if applicable

IV. DESCRIPTION OF PROJECT

Describe Project: _____

New Address (if applicable): _____

City: _____ County: _____ State: _____ Zip: _____

Bank: _____

Loan Officer _____ Bank: _____

Other Lenders: _____

Contact: _____ Phone: _____

Other Lenders: _____

Contact: _____ Phone: _____

Project Costs:

Land: _____ Describe: _____

Building: _____ Describe: _____

Equipment: _____ Describe: _____

Working Capital: _____ Describe: _____

Other (list): _____ Describe: _____

_____ Describe: _____

_____ Describe: _____

Total: _____

V. REQUIRED ATTACHMENTS

Three Years of Historical Financial Statements

Three Years of Historical personal Tax Returns with W2's and All Schedules

Interim Financial Statement Within 60 Days

Personal Financial Statement for Owners of 10% or More

Cost Estimates for Project from Thrid Party Vendors

Three Years Projection

Resume for Owners of 10% or More

PLEASE BE ADVISED THAT FEES ASSOCIATED WITH THE VARIOUS LOAN PROGRAMS MAY INCLUDE, BUT ARE NOT LIMITED TO, NON-REFUNDABLE APPLICATION FEES, CLOSING FEES, LEGAL DOCUMENTATION PREPARATION FEES AND OTHER MISCELLANEOUS CHARGES SUCH AS CREDIT BUREAUS, OVERNIGHT MAIL EXPENSES AND DUN & BRADSTREET REPORTS.

Submission Acknowledgement:

As an authorized agent of the applicant company, I hereby submit this initial Project Information record. I understand that any false statements in this document may subject the Applicant Company and Signer to criminal prosecution. I also understand that this is not a formal application for financial assistance. When a formal application is filled, I understand that additional information will be requested. I also understand that this pre-application in no way constitutes a commitment for funding by Mahoning Valley Economic Development Corporation (MVEDC) and/or any of its affiliates or subsidiaries, but that certain preliminary "due diligence" evaluations such as obtaining business and personal credit checks and references may be performed, and are thereby authorized by the signatures below:

Signature

Title

Printed Name

Date

Signature

Title

Printed Name

Date

Exhibit E

Division of Economic Development Financing
Resume Form

Name _____
Last First Middle

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Business Phone _____

SSN _____ Date of Birth _____

Education _____

High School _____ Date of Graduation _____

College/University	Degree/Major	Year of Graduation

Employment History

Current Employer's Name _____

Address _____

Phone _____

Current Annual Salary _____ Date of Hire _____

Additional Compensation _____

Current Function and Title _____

Previous Functions with Current Employer _____

Previous Employer's Name _____

Address _____ Phone _____

Employed From _____ To _____

Current Function and Title _____

Military Service _____

I certify that the above statements are true and complete.

Signature

Date



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name _____ Business Phone _____

Residence Address _____ Residence Phone _____

City, State, & Zip Code _____

Business Name of Applicant/Borrower _____

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks	\$	_____	Accounts Payable	\$	_____
Savings Accounts	\$	_____	Notes Payable to Banks and Others	\$	_____
IRA or Other Retirement Account	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable	\$	_____	Installment Account (Auto)	\$	_____
Life Insurance-Cash Surrender Value Only	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other)	\$	_____
Stocks and Bonds	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance	\$	_____
Real Estate	\$	_____	Mortgages on Real Estate	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value	\$	_____	Unpaid Taxes	\$	_____
Other Personal Property	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities	\$	_____
Other Assets	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities	\$	_____
Total	\$	_____	Net Worth	\$	_____
			Total	\$	_____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**