



**Phone: 216.664.2406      •      Hours of Operation: 8 am to 5 pm      •      Fax: 216.664.3681**

## EDA Title IX Loan Program Application

Company Information			
BORROWER'S NAME	AUTHORIZED SIGNATURE		EMAIL ADDRESS
STREET ADDRESS	CITY	STATE	ZIP
COMPANY NAME	DATE ESTABLISHED	SIC CODE	WEBSITE URL
STREET ADDRESS	CITY	STATE	ZIP
NAISC CODE	TYPE OF ENTITY <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> LLC		

Company Ownership		
OWNER NAME	TITLE	OWNERSHIP
		%
		%
		%

References		
BANK NAME	ACCOUNT OFFICER	PHONE
ACCOUNTANT	FIRM NAME	PHONE

**Nature of Business:** please attach Summary of Business

Project Site Information			
PROJECT STREET ADDRESS	ZIP CODE	WARD	COUNCILPERSON
Anticipated project start date:	Anticipated project completion date:		

Employee Questionnaire: Complete attached employment worksheet			
	# OF EMPLOYEES	# OF MINORITY EMPLOYEES	PAYROLL
Currently			\$
If Loan is Approved (3 years)			\$ (Projected)

USES OF PROJECT FUNDS		SOURCES OF PROJECT FUNDS	
Acquisition (Land/Building):	\$	*Equity Investment:	\$
Building (Construction/Renovation):	\$	Bank Loan:	\$
Machinery & Equipment:	\$	Government Loan:	\$
Infrastructure:	\$	Other:	\$
Soft Costs (Fees, Miscellaneous):	\$	Other:	\$
<b>TOTAL PROJECT COSTS:</b>	<b>\$</b>	<b>TOTAL PROJECT SOURCES:</b>	<b>\$</b>

\* Please provide all Commitment Letters for additional sources of financing

**Collateral/Security:** List all co-signers and/or guarantors for this loan. Each co-signor/guarantor must complete individual copies of attached Personal Financial Statement

Name and Title	Street Address	City/State/Zip

**Miscellaneous:** Provide appropriate information for the following questions, if applicable

- Does your business, its owners or majority stockholders own or have a controlling interest in other businesses? If yes, please provide their names and the relationship with your company along with a current balance sheet and operating statement for each. If not applicable, check here
- Do you or your spouse or any member of your household, or anyone who owns, manages, or directs your business or their spouses or members of their households work for the City of Cleveland? If so, please provide the name and address of the person and the office where employed. If not applicable, check here
- Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings? If yes, please provide details. If not applicable, check here
- Are you or your business involved in any pending lawsuits? If yes, please provide details. If not applicable, check

**I UNDERSTAND THAT ANY WILLFUL MISREPRESENTATION ON THIS STATEMENT COULD RESULT IN A FINE AND/OR IMPRISONMENT UNDER PROVISIONS OF THE UNITED STATES CRIMINAL CODE.**

I HEREBY AUTHORIZE THE RELEASE TO THE CITY OF CLEVELAND ANY INFORMATION THEY MAY REQUIRE AT THE TIME FOR ANY PURPOSE RELATED TO MY CREDIT TRANSACTION WITH THEM.

I FURTHER AUTHORIZE THE CITY OF CLEVELAND TO RELEASE SUCH INFORMATION TO ANY ENTITY THEY DEEM NECESSARY FOR ANY PURPOSE RELATED TO MY CREDIT TRANSACTION WITH THEM.

APPLICANT NAME	TITLE	SIGNATURE	DATE
APPLICANT NAME	TITLE	SIGNATURE	DATE



**CITY OF CLEVELAND**  
Mayor Frank G. Jackson

**City of Cleveland**  
**Department of Economic Development**  
601 Lakeside Ave, Room 210  
Cleveland, Ohio 44114

**Phone: 216.664.2406      •      Hours of Operation: 8 am to 5 pm      •      Fax: 216.664.3681**

**Personal Financial Statement** AS OF \_\_\_\_\_, 20 \_\_\_\_

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 voting stock and each corporate officer and director, or
- (4) any other person or entity providing a guarantee on this loan.

NAME	HOME PHONE	BUSINESS PHONE	
STREET ADDRESS (HOME)	CITY	STATE	ZIP
BUSINESS NAME OF APPLICANT/BORROWER			

Assets		Liabilities	
Cash on hand and in banks	\$	Accounts payable	\$
Savings accounts	\$	Notes payable to banks and others (complete section 2)	\$
IRA or other retirement accounts	\$	Installment account (Auto) Monthly payments	\$
Accounts and notes receivable	\$	Installment account (other) Monthly payments	\$
Life Insurance Cash surrender value only (complete section 8)	\$	Loan on Life insurance	\$
Stocks and Bonds (complete section 3)	\$	Mortgage on Real estate (complete section 4)	\$
Real Estate (complete section 4)	\$	Unpaid taxes (complete section 6)	\$
Automobile present value	\$		
Other personal property (complete section 5)	\$		
Other Assets (complete section 5)	\$		
<b>TOTAL ASSETS:</b>	<b>\$</b>	<b>TOTAL LIABILITIES:</b>	<b>\$</b>

Section 1.	Source of Income	Contingent Liabilities
	Salary	As endorser or co-maker
	Net Investment Income	Legal Claims & Judgments
	Real Estate Income	Provisions 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 towards total income.

**Section 2. Notes Payable to Banks and Others Use Attachments If Necessary. Each Attachment Must Be Identified as Part of This statement And Signed**

<b>Name and Address of Note Holders</b>	<b>Original Balance</b>	<b>Current Balance</b>	<b>Payment Amount</b>	<b>Frequency (Monthly, etc.)</b>	<b>How Secured or Endorsed Type of Collateral</b>

**Section 3. Real Estate Owned** List each Parcel Separately. Use Attachments if necessary. Each attachment must be identified as part of this statement and signed.

	<b>Property A</b>	<b>Property B</b>	<b>Property C</b>
<b>Type of Property</b>			
<b>Owner</b>			
<b>Property Address</b>			
<b>Original Costs</b>			
<b>Present Market Value</b>			
<b>Mortgage Holder</b>			
<b>Mortgage Balance</b>			

**Section 4. 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

DESCRIPTION	LEINHOLDER NAME AND ADDRESS	AMOUNT	PAYMENT TERMS	DESCRIBE DELINQUENCY, IF ANY
DESCRIPTION	LEINHOLDER NAME AND ADDRESS	AMOUNT	PAYMENT TERMS	DESCRIBE DELINQUENCY, IF ANY
DESCRIPTION	LEINHOLDER NAME AND ADDRESS	AMOUNT	PAYMENT TERMS	DESCRIBE DELINQUENCY, IF ANY

**Section 5. Unpaid Taxes:** Attach tax lien

TYPE OF TAX	PAYABLE TO	DUE DATE	AMOUNT	IF FOR A PROPERTY, INDICATE ADDRESS
TYPE OF TAX	PAYABLE TO	DUE DATE	AMOUNT	IF FOR A PROPERTY, INDICATE ADDRESS
TYPE OF TAX	PAYABLE TO	DUE DATE	AMOUNT	IF FOR A PROPERTY, INDICATE ADDRESS

**Section 6: Life Insurance Held:** Describe in detail

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I authorize the City of Cleveland to make inquires as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above statements contained in the attachments are true and accurate as the state date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand that any willful misrepresentation on this statement could result in a fine and/or imprisonment under provisions of the United States criminal Code

APPLICANT NAME	TITLE	SIGNATURE	DATE	SOCIAL SECURITY NUMBER
APPLICANT NAME	TITLE	SIGNATURE	DATE	SOCIAL SECURITY NUMBER

**Business Debt Schedule:** Indebtedness- furnish the following information on all installment debts, contracts, notes and mortgages payable. Do not include accounts payable or accrued liabilities

<b>Creditor</b>	<b>Original Amount</b>	<b>Original Date</b>	<b>Present Balance</b>	<b>Interest Rate</b>	<b>Maturity Date</b>	<b>Monthly Payment</b>	<b>Security</b>	<b>Current or Delinquent</b>
NAME								
ADDRESS								
NAME								
ADDRESS								
NAME								
ADDRESS								
NAME								
ADDRESS								
NAME								
ADDRESS								
NAME								
ADDRESS								
NAME								
ADDRESS								
NAME								
ADDRESS								
<b>Total Present Balance*</b>				<b>Total Monthly Payment</b>				

\*Total must agree with balance shown on current financial statement

## Current Employment Profile Worksheet

COMPANY NAME	REPORT DATE
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<i><b>Job Classification</b></i>	<i><b>Salary Range</b></i>	<i><b>Number of Jobs</b></i>	<i><b>African Americans</b></i>	<i><b>Hispanics</b></i>	<i><b>Men</b></i>	<i><b>Women</b></i>	<i><b>City of Cleveland Residents</b></i>
<i><b>Total:</b></i>							



# City of Cleveland

## Fair Employment Law

**NOTICE TO APPLICANTS FOR CITY FINANCIAL ASSISTANCE.** The Cleveland City Council passed the Fair Employment Law on June 19, 2000 to be effective on January 1, 2001.

A financial assistance contract that may be awarded pursuant to this application is subject to the City of Cleveland Fair Employment Wage, Chapter 189 of the Cleveland Codified Ordinances (C.C.O), which requires, among other things, that unless specific exemptions apply, **Covered Employers**, as defined, under contracts with the City shall pay the Fair Employment Wage to **Covered Employees**, as defined. Failure to comply with that Chapter and/or any implementing regulations may result in termination of the contract or debarment from future contracts.

**Attachments:** Attachment 1 Declaration of Number of Employees  
Attachment 2 Declaration of Health Insurance Coverage  
Attachment 3 Affidavit of Compliance with C.O. Chapter 189  
Attachment 4 Current Assistance Contracts  
Attachment 1-3 will be provided to City Council

**Fair Employment Wage:** The Fair Employment Wage is \$10.00 per hour beginning October 1, 2005. Thereafter, the Fair Employment Wage rate will be adjusted by the City of Cleveland each year in proportion to the Consumer Price Index for Northeast Ohio, as published by the Bureau of Labor Statistics, U. S. Department of Labor.

**The Fair Employment Law applies to the following Covered Employers:**

1. Any person or entity that is a Recipient of Assistance from the City that has an Aggregate Value of \$75,000 and has not been granted an exemption from this law, that is either:
  - (a) A for-profit employer having at least 20 employees at the time of execution of agreement with the City, or
  - (b) A not-for-profit employer having at least 50 employees at the time of execution of agreement with the City and the salary ratio between the highest paid and the lowest paid employees is more than 5 to 1.

**OR**

2. A company or person that is a tenant or leaseholder of a Recipient of Assistance and that occupies property or uses equipment or property that is improved or developed as a result of assistance, that is either:
  - (a) A for-profit employer having at least 20 employees at the time of execution of agreement with the City, or
  - (b) A not-for-profit employer having at least 50 employees at the time of execution of agreement with the City and the salary ratio between the highest paid and the lowest paid employees is more than 5 to 1.

**OR**

3. A contractor or subcontractor of a Recipient of Assistance providing service in the project or matter for which the Recipient of Assistance has received assistance.

**Recipient of Assistance means any person or entity that enters into one or more contracts with the City for Assistance and any person or entity that is a direct recipient of Assistance. Assistance means any form of City assistance that is awarded, renegotiated or renewed after January 1, 2001.**



- ◇ Assistance includes grants; economic development loans; tax credit, incentives and abatements; subsidiaries and bonds.
- ◇ Assistance does not include financial assistance provided for the development, rehabilitation or other means of providing residential homes; financial assistance which is received from another government or other entity with the City acting only as a conduit or fiscal agent for the funds where the City exercises no control over the identify of any recipient or of the terms of the contract.
- ◇ Assistance is valued to the extent that the recipient derives a monetary benefit from the City. For example, loans are Assistance only to the extent they are forgiven or discounted below the available market rate over the life of the loan, and tax credits, incentives and abatements are Assistance to the extent of the tax reduction realized by the recipient.

**\*Aggregate Value means the actual dollar benefit received from Assistance over the term of the Assistance.** The Fair Employment Law applies to Covered Employees who are any persons employed by a Covered Employer who is a Recipient of Assistance from the City.

**The following are not Covered Employees:**

- ◇ Individuals who provide uncompensated volunteer services
- ◇ Individuals in job training programs where job training and classroom instruction are being provided to clients in order to develop new specialized skills for employment and the individual would be considered a client of the program even though the individual receives compensation
- ◇ Employees who work on public construction work subject to state and federal wage rate laws
- ◇ Employees covered by collective bargaining agreements or the Railway Labor Act
- ◇ Employees of commercial retail establishments
- ◇ Persons not employed in the State of Ohio
- ◇ Persons under 18 years of age
- ◇ Employees of residential/single and multi-family housing projects
- ◇ Employees who, on average work, less than 30 hrs per week

**Health Care Insurance Incentives**

The ordinance provides that Applicable Departments shall offer additional financial incentives to Recipients of Assistance who will provide reasonable health care insurance to their Covered Employees working 30 or more hours a week during the term of the contract for assistance. Example of such incentives include more favorable terms for a loan, such as lower interest rates, higher percentage of taxes to be credited or abated, a higher amount for a grant, etc. In order to qualify for an incentive, the health insurance provided to employees must be comparable to a family health care insurance plan provided by the City to its employees. Evidence of the offer or provision or the intent to provide or offer reasonable health care insurance benefits qualifying a Covered Employer for such incentives shall be submitted to the Applicable Department upon request.

**Exemptions from the Fair Employment Law**

The Cleveland City Council, by ordinance, may grant a partial or full exemption from the requirements of the Fair Employment Law based on hardship. To obtain this exemption, you must demonstrate a specific, particular harm that would be felt uniquely by you if Chapter 189 were to be applied. Economic harm alone will not suffice to demonstrate hardship unless it is of a type that would not affect any other actual competitor for the contract, subcontract or lease. The following types of specific harm may provide grounds for a hardship exemption:

- 1) A loss of profitability that will result in the elimination of jobs.
- 2) A loss in profits that will substantially impact your long-term stability.
- 3) A hindrance in the ability to deliver service for not-for-profits agencies.

Application for an exemption should be made to the Applicable Department. Your request should include the wages paid by you to your employees, a detailed explanation of how the payment of the Fair Employment Wage will cause particular harm to you and supporting financial statements or other documents. The Director of the Applicable Department will review and make a determination on the application within 10 days and respond to the applicant in writing, setting forth the reasons for the determination. If the Director recommends the exemption, the Director will cause legislation to be drafted and submitted to Cleveland City Council. The Council must then consider and pass the legislation before an exemption will be granted.

### Compliance Requirements under the Fair Employment Law

Each Covered Employer shall maintain payrolls and related records for all Covered Employees for a period of 3 years following termination of your agreement with the City. These records shall contain the following for each Covered Employee:

- ◇ Employee names, address, job title and classification
- ◇ The number of hours worked each day, gross wages earned, deductions made, and net wages paid
- ◇ A record of contributions to health care plans
- ◇ Any other data the applicable department or Cleveland City Council may require
- ◇ Upon demand of the City, the Covered Employer shall provide access to the payroll records required to be maintained and shall allow City representatives to observe work being performed and to interview employees as may be necessary to monitor compliance or to investigate a charge of non-compliance with Chapter 189.

### Fair Employment Notice Requirements

**You or your entity shall be required to provide notice to Covered Employees of their rights arising under the Fair Employment Law. The City will provide this notice to you, and you must post it in a conspicuous place frequented by Covered Employees in their workplace.**

### Earned Income Credit Requirement

You or your entity shall inform employees making less than \$12.00 per hour of their possible right to the Federal Earned Income Credit (EIC) or such amount as may be modified from time to time by federal law and make available to employees forms informing them about the EIC and forms required to secure advance EIC payments from the employer within 30 days of employment. These forms shall be provided in English, Spanish and other languages spoken by a significant number of employees.

### Hiring City Residents

The applicant shall establish a goal that at least 40% of persons newly hired to perform work on contracts receiving financial assistance shall be residents of the City of Cleveland.

## Attachment 1 Declaration of Number of Persons Employed by Applicant

### Federal Law Compliance

The applicant shall comply with all applicable federal labor laws, including the National Labor Relations Act.

1. Is your company/organization for-profit  or non-profit  ?
2. Number of current/active employees on payroll? \_\_\_\_\_
3. Number of employees if contract is awarded? \_\_\_\_\_
4. If your company/organization is a non-profit entity, what is the highest amount paid to any employee? (please specify if amount is paid annually, biweekly, weekly or hourly). \_\_\_\_\_
4. If your company/organization is a non-profit entity, what is the lowest amount paid to any employee? (please specify if amount is paid annually, biweekly, weekly or hourly) \_\_\_\_\_

APPLICANT NAME	TITLE	SIGNATURE
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**Attachment 2      Declaration of Health Insurance Coverage**

ALL Applicants **MUST COMPLETE QUESTIONS 1 & 2.** To be eligible for additional financial incentives based on the provision of offering a reasonable health insurance plan, this form must be completed. If you are not seeking this preference do not complete questions 3-5. This form must be signed.

- 1. Does your company/organization offer health insurance to your employees who work 30 hours or more per week?     Yes     No
  
- 2. What are the basic outlines of any health insurance plans your company/organization offers to your employees?  
\_\_\_\_\_
  
- 3. Please provide the following specific information about all of your health care insurance plans offered to employees who work 30 or more hours a week.
  - The amount of monthly employee contribution to health care insurance plan. \_\_\_\_\_
  - The amount of any employee deductible for plan coverage. \_\_\_\_\_
  - The amount of any employee co-payments for plan coverage. \_\_\_\_\_
  - Is dental insurance offered to employees?     Yes     No
  - Describe the range of services offered under any plan coverage. \_\_\_\_\_
  
- 4. Have you offered health insurance to your employees that they as a group refused?     Yes     No
  
- 5. If you answered yes to question number 4, provide information requested in question number 3 above regarding the plan offered.

COMPANY NAME		SIGNATURE OF OFFICER/AUTHORIZED REPRESENTATIVE		
COMPANY STREET ADDRESS		CITY	STATE	ZIP
PRINT NAME		TITLE		
DATE	AWARDING CITY DEPARTMENT	TYPE OF FINANCIAL ASSISTANCE		

**Attachment 3    Affidavit of Compliance with Cleveland Codified Ordinance Chapter 189**

County of Cuyahoga                                    )  
   )  
State of Ohio    )

I, \_\_\_\_\_, being duly sworn according to law and having personal knowledge of the facts stated herein, hereby state the following:

- 1) I am the \_\_\_\_\_(title) of \_\_\_\_\_(name of entity/company) and am authorized to sign this affidavit.
  
- 2) The above named entity/company will comply with the requirements of the Fair Employment Wage Law, Cleveland Codified Ordinance Chapter 189, if a contract is awarded pursuant to this application, and if Chapter 189 applies to the above named entity/company.

**Further Affiant Sayeth Naught.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed**

\_\_\_\_\_  
**Title**

Sworn To Before Me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**Commission Expires**

**Attachment 4 Current Assistance Contracts With The City**

**Provide the following information about any current assistance contracts entered into after January 1, 2001 you or your company/agency have with the City.**

City Contract Number: \_\_\_\_\_

Type of Assistance: \_\_\_\_\_

Contract Expiration Date: \_\_\_\_\_

Dollar Amount of Assistance. \$ \_\_\_\_\_

All items indicated on the checklist below must be submitted in order to apply for an Economic Development Loan

<b>Checklist</b>	
<input checked="" type="checkbox"/> <b>Business Information</b>	<input checked="" type="checkbox"/> <b>Personal Information</b>
<input type="checkbox"/> Audited business financial statements for the last 3 years <input type="checkbox"/> Audited interim financial statements dated in the last 45 days <input type="checkbox"/> Business debt schedule (form attached) <input type="checkbox"/> Federal tax returns for the last 3 years <input type="checkbox"/> Three year operating pro forma <input type="checkbox"/> Articles of Organization and Operating Agreement (if LLC) <input type="checkbox"/> Articles of Incorporation and by-laws (if applicable) <input type="checkbox"/> Itemized list of new jobs and payroll amounts	Provide for each owner of 20% or greater: <input type="checkbox"/> Management Resumes <input type="checkbox"/> Personal financial statement (form attached) <input type="checkbox"/> Personal tax returns for the last 3 years <input type="checkbox"/> Partnership Agreement (if partnership) <input type="checkbox"/> Franchise Agreement
<input checked="" type="checkbox"/> <b>Real Estate Information</b>	<input checked="" type="checkbox"/> <b>Other Information</b>
<input type="checkbox"/> Real Estate Purchase Agreement (if available) <input type="checkbox"/> Construction cost budget <input type="checkbox"/> Appraisal for real property pledged as collateral <input type="checkbox"/> Legal description of project site <input type="checkbox"/> Settlement Statement (if available) <input type="checkbox"/> Existing environmental studies <input type="checkbox"/> Five year real estate pro forma <input type="checkbox"/> Proof of Insurance (if available) <input type="checkbox"/> Detailed project operating cost items, depreciation and projected debt service <input type="checkbox"/> Explanation of green/sustainable building initiatives (if applicable) <input type="checkbox"/> Line item project budget <input type="checkbox"/> As-is appraisal <input type="checkbox"/> Subject-to appraisal	<input type="checkbox"/> Letter of commitment for other funding <input type="checkbox"/> Detailed business plan <input type="checkbox"/> Machinery/Equipment liquidation appraisal (if applicable) <input type="checkbox"/> Detailed project description <input type="checkbox"/> W-9 Form (form attached) <input type="checkbox"/> Letter of Support from Councilperson <input type="checkbox"/> If tenants, provide leases, jobs associated with tenant and square footage