

TECH DELTA PROGRAM (TDP) APPLICATION

A. APPLICANT IDENTIFICATION:

DATE: _____

1. Name of Applicant: _____

2. Contact Person: _____

3. Address of Organization: (Mailing) _____

4. Phone Number: _____ 5. Tax Payers ID Number: _____

5. Email: _____

7. Legal Name of Grant Applicant (Business): _____

8. Address of Grant Applicant (Project Site): _____

9. Ward: _____ Councilperson: _____

10. Contact Person of Grant Applicant: _____ 11. Phone Number _____

12. Taxpayer I.D. Number of Grant Applicant: _____

B. FUNDING REQUEST:

1. Amount of TDP funding requested: _____

2. Project Description and Statement of Need: _____

C. PROJECT BUDGET:

Use of Project Funds:

Sources of Project Funds:

Hard Costs / TI	\$	Equity (Cash)	\$
Soft Costs	\$	Loan(s)	\$
Technology Improvements*	\$	Grants/Other	\$
Other	\$	TDP Funds	\$
Total Development Costs	\$		

TOTAL USES \$ _____ **TOTAL SOURCES** \$ _____

- ****Itemized list of technology related improvements with costs:***

D. COMMENCEMENT AND COMPLETION TIMETABLE OF THE PROPOSED PROJECT:

***Activity
Completion Date***

Commencement Date

E. BUSINESS PROFILE:

- Does Grant Applicant own any other business? Yes No
If yes, please list Name and location(s): _____
- Is Grant Applicant's business a franchise or license? Yes No
If yes, list franchiser or licensor) _____
- Is grant applicant's business a corporation? Yes No
If yes, attach Articles of Incorporation and Code of Regulations/By Laws.
If yes, type of corporation: C or S
- Is grant applicant's business a general or limited partnership? Yes No
If yes, attach copy of partnership certificate.
- Is there a written partnership agreement? If yes, attach a copy Yes No
- Is grant applicant's business a proprietorship? Yes No
- Is grant applicant's business a limited liability company? Yes No
If yes, attach articles of organization.
- Is there a written operating agreement? If yes, attach a copy Yes No

9. Year & month grant applicant's business started/projected to start? _____
10. Current number of employees? _____ Annual Payroll? \$ _____
11. Any personal/business judgments, unsettled due to lawsuits or major disputes?
 If yes, attach explanation(s). Yes No

SUBMISSION OF ACKNOWLEDGEMENT

The information contained herein is true, complete and correct to the best of my knowledge. I certify that I have the authority to apply for TDP funds on behalf of the business described herein. I understand that this information may be made for public review. By signing below, the undersigned agrees that the TDP funds will be used for business purposes only and not for household, personal or consumer usage. I understand that any false statement in this record may subject the applicant to be eliminated from consideration.

Applicant Name

By: _____
Officer of Corporation or Partner of Corporation *Date*

OR

By: _____
Individual *Date*

F. APPLICATION CHECKLIST:

Attach the following documentation to complete your application.

- _____ Business Plan.
- _____ Financial Statements for Last Three Years.
- _____ Documentation on Business Status.
- _____ Minimum of Three Years Operating Performa.
- _____ Letter of Support from Ward Councilperson.
- _____ Letters of Commitment from Lenders, Tenants or Participants.
- _____ Basic Construction Specifications and Cost Estimates.

NOTE: The City shall consider all information provided by applicant to be public record absent clear evidence that the information submitted is not to be released, pursuant to Ohio Revised Code Section 149.43.

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.

Federal Law Compliance

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

Attachment 1 Declaration of Number of Persons Employed by Applicant

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) _____
_____.
5. 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) _____.

Signature

Title

Printed Signature

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 ____ or 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? _____
 - 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__ or 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 Address/City/State/Zip	Phone Number
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:

**City of Cleveland
Dept. of Economic Development
Fair Employment Law**

- 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. \$ _____