

MAXIMUM LOAN AMOUNT FOR AN INDIVIDUAL BUSINESS IS \$10,000

DEPARTMENT OF URBAN & ECONOMIC DEVELOPMENT UTICA COVID-19 STIMULUS FUNDING PROGRAM					DATE
Applicant		Street Address for Proposed Project		Business Telephone #	
Trade Name of Borrower of Business Concern – (d/b/a)		Other Address		Telephone ()	
				DUNS #:	
CITY	COUNTY	STATE	ZIP	ATTORNEY	
Name of Principal in Charge of the Business Concern			Accountant		
Type of Business			Date Established	Employer I.D. Number	
Management (Proprietor, Partners, Officers – directors and stockholders owning 20% or more of outstanding stock)					
Name	Address	% Owned	Annual Comp.	Type of Business Organization (Check one)	
			\$	Corporation	
			\$	Partnership	
			\$	Sole Proprietorship	
			\$	Other	
			\$	If Other	
Bank of Business Account		New Business		Existing Business	
Impact on jobs		Total Existing		No. Laid off	
				Currently Working	
USE OF PROCEEDS		(Maximum \$10,000)		SOURCES OF PROCEEDS	
Mortgage Payment	\$	Private Lender	\$	%	
Lease Payment	\$	C-19 SFP Financing	\$	%	
Utilities	\$	Applicant's Cash Injection	\$	%	
Payroll	\$	Other	\$	%	
Inventory Purchases	\$	Total Sources	\$	%	
	\$				
	\$				
	\$				
Total Cost (Maximum \$10,000)	\$				
Names of Private/Public section sources of financing (Bank, etc.)		Pledge of Collateral			
_____		The City of Utica will take a collateral position until such time the loan converts to a grant.			
_____		If your collateral consists of (A) Land and Building, (D) Accounts Receivable and/or (E) Inventory, fill in the appropriate blanks. If you are pledging (B) Machinery and Equipment, (C) Furniture and Fixtures, and/or (F) Other, please provide an itemized list for all articles that had an original value greater than \$500. Include a legal description of Real Estate offered as collateral.			

AS THE CITY OF UTICA WILL DISPERSE FUNDS VIA ELECTRONIC BANK TRANSFER, PLEASE PROVIDE THE FOLLOWING INFORMATION:			COST	NET BOOK VALUE	PRESENT LIEN
		A. Land and Building			
		B. Machinery and Equipment			
Name on Account:		C. Furniture and Fixtures			
Bank Name:		D. Accounts Receivable			
Routing Number:		E. Inventory			
Account Number:		F. Other			
		Total Collateral			

Indebtedness: Furnish the following information on all installment Debts, Contracts, Notes, and Mortgages Payable, indicate by an Asterisk (*). Items to be paid by loan proceeds and reason for paying same (present balances should agree with latest balance sheet submitted).

TO WHOM PAYABLE	ORIGINAL AMOUNT	ORIGINAL DATE	PRESENT BALANCE	RATE OF INTEREST	MATURITY DATE	SECURITY	CURRENT OR DELINQUENT

GENERAL INFORMATION

- A. Is the Company, Partnership, Sole Proprietor, LLC or LLP, delinquent in the payment of any payroll, sales, real property taxes or any other personal or business related obligations as mandated by law?
 No _____ Yes _____
- B. Is the Company presently involved in any litigation which would have a material effect on the Company's financial solvency?
 No _____ Yes _____
- C. Has the Company or any of the management of the Company or its affiliates, or any other concern with which management has been convicted, ever been involved in bankruptcy, creditor's rights or receivership proceedings?
 No _____ Yes _____
- D. Have the management or principal stockholders of the Company ever been charged with or convicted of any felony?
 No _____ Yes _____
- E. Provide present bank/suppliers references (including name and address of the bank officials handling a corporate or personal account).

BANK/SUPPLIER	BANK OFFICIAL	ADDRESS	ACCOUNT TYPE: PERSONAL (P) BUSINESS (B)

CERTIFICATION

The undersigned, in consideration for assistance from the Utica COVID-19 Stimulus Funding Program (C-19 SFP), hereby agrees that it will comply with all Federal Laws and Regulations enforced to the extent that they are applicable to such assistance, including conditions set forth in this application. (I) or (we) also certify the above and the statements contained in this application and the schedules herein are a true and accurate statement. Any deliberate attempt or intent to willfully falsify, conceal or cover up a material fact by any trick, scheme or device, or makes any false writing or document knowing or the same to contain any false or fraudulent statement or entry will find their application disqualified or face prosecution if assistance was already approved and received.

By: _____

Affix Corporate Seal

Title: _____

Attest: _____

Date: _____

Title: _____