



**TOLEDO-LUCAS COUNTY PORT AUTHORITY
Diversified Contractor Acceleration Program Application**

Attn: **Diversified Contractors Accelerator Program Admin.**

One Maritime Plaza, 7th Floor
Toledo, OH 43604
419-243-8251

The Diversified Contractor Acceleration Program Application is designed to provide introductory information regarding your proposed project. From the information provided, the Toledo-Lucas County Port Authority will make a decision as to whether additional information will be requested. Should you want to expand beyond the space provided below, you may include an attachment. If any of the requested information is not included we may be unable to make a final decision regarding this project.

I. TYPE OF CAPITAL REQUESTED

- Working Capital for Supplies/Inventory
- Projected Payroll expenses
- Bonding
- _____
Other

III. PRINCIPAL OFFICERS

Name and Title

% Ownership SS#

Name and Title

% Ownership SS#
(attach additional information if necessary)

II. APPLICANT COMPANY/USER

Name of Company/User

Name of Borrower (if different from user)

Relationship of Borrower to Company/User

Street Address of Company

City State Zip Code

Contact Person/Title

Telephone

Fax

E-Mail

Mobile

IV. INFORMATION ON EXISTING BUSINESS

Type of Business

Principal Product/Service

Date Established DUNS No.

NAICS Code Federal Tax ID No.

Company Structure – LLC, Corp, etc..

Name bank in which business has existing accounts:

Bank Name

Contact/Telephone

Bank Name

Contact/Telephone

V. DESCRIPTION OF PROPOSED PROJECT

Private or Public capacity served _____

Location Address _____

City/Village/Township _____ County _____

Owner of Project - Name _____

Owner address _____

City _____ State _____ Zip _____

Owner of project – Email _____

Business phone _____ Mobile _____

Product/Services to be provided _____

VI. PRIME OR SUB CONTRACTOR INFORMATION

Prime Contractor _____

Business Phone _____ Mobile _____

E-mail address _____

Type of Project _____ \$ _____ Total Project Costs

Bondholder _____

Bond No. _____

VII. PROJECT FINANCING

\$ _____
Capital Amount Requested

Project Start Date _____ Completion Date _____

Check payment term requested below:

30 – 60 days _____ 61-90 days _____

91 -120 days _____ >120 days _____

YOUR TOTAL PROJECT COST \$ _____

VIII. SUPPLIER INFORMATION

Name of Participating Supplier (if applicable) _____

Address, City, State _____

Name of Contact Person/Telephone Number _____

Name of Secondary Supplier (if applicable) _____

Name of Contact Person/Telephone Number _____

Any terms, discounts/incentives available?

_____ Yes _____ No

If so, please specify : _____

IX. PREVIOUSLY PERFORMED PROJECTS OF SIMILAR NATURE & SIZE

Project Name _____

Project Name _____

General Contractor _____

General Contractor _____

Reference Name & Phone No. _____

Reference Name & Phone No. _____

Date of Completion _____ \$ _____
Amount of your contract

Date of Completion _____ \$ _____
Amount of your contract

Description _____

Description _____

Project Name _____

Project Name _____

General Contractor _____

General Contractor _____

Reference Name & Phone No. _____

Reference Name & Phone No. _____

Date of Completion _____ \$ _____
Amount of your contract

Date of Completion _____ \$ _____
Amount of your contract

Description _____

Description _____

Submission Acknowledgement

As an authorized agent of the applicant Company, I hereby submit this Diversified Contractors Accelerator Program Application. All information submitted on or with this application is accurate to the best of my knowledge. I also understand that additional information may be requested by the Toledo-Lucas County Port Authority at a later date. I also understand that this document in no way constitutes a commitment to fund any capital needs by the Toledo-Lucas County Port Authority.

Typed Name: _____ Title: _____

Signature: _____ Date: _____