

V. DESCRIPTION OF PROPOSED PROJECT

Location _____

Address _____ Taxing District (a) _____

City/Village/Township _____ County _____

If relocation, indicate from where _____

Describe project _____

Product/Services to be provided _____

(a) Obtain from County Auditor _____

VI. PROJECT COST/USE OF FUNDS

Land \$ _____
Building _____
New Construction \$ _____
Acquisition \$ _____
Renovation \$ _____

Equipment:

_____ \$ _____
Type of Equipment

_____ \$ _____
Type of Equipment

_____ \$ _____
Type of Equipment

Other:

_____ \$ _____
Explain

TOTAL PROJECT COST: \$ _____

VII. PROJECT FINANCING/SOURCES OF FUNDS

Name of Participating Lender (if applicable) _____

Rate _____ Term _____ \$ _____

Other Federal/State Financing Assistance _____

Rate _____ Term _____ \$ _____

Other Financing Assistance _____

Rate _____ Term _____ \$ _____

Cash Equity Contribution \$ _____

TOTAL PROJECT COST \$ _____

VIII. FINANCNG INFORMATION

Name of Participating Lender (if applicable) _____

Address, City, State _____

Name of Contact Person/Telephone Number _____

Name of Secondary Lender (if applicable) _____

Name of Contact Person/Telephone Number _____

Are all financing sources committed?

_____ Yes _____ No

If no, specify status: _____

IX. PROJECT IMPACT

	Most Current Year End 20_____	Expected Results of Project	
		Year One 20_____	Year Three 20_____
Annual Sales Revenue	\$ _____	\$ _____	\$ _____
Current Employment	_____	_____	_____
New Jobs Created	_____	_____	_____
Annual Pay Per Full Time Employee*	\$ _____	\$ _____	\$ _____
Annual Payroll	\$ _____	\$ _____	\$ _____

	19_____	19_____	20_____	Interim Month 20_____
Annual Sales Revenue	\$ _____	\$ _____	\$ _____	\$ _____
Depreciation	\$ _____	\$ _____	\$ _____	\$ _____
Earnings Before Tax	\$ _____	\$ _____	\$ _____	\$ _____
Profit After Tax	\$ _____	\$ _____	\$ _____	\$ _____

**Full-time employee is one employee working a 40-hour work week, year round. Part-time employees should be adjusted.*

X. To properly evaluate the Project, all of the following information should be submitted with this Initial Project Information Form. Please Indicate whether this information is included.

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Three Years Historical Financial Statements (Balance Sheet, P&L)	<input type="checkbox"/>	<input type="checkbox"/>	Description of New Project
<input type="checkbox"/>	<input type="checkbox"/>	Three Years Projected Financial Statements (Balance Sheet, P&L)	<input type="checkbox"/>	<input type="checkbox"/>	Letter of Commitment from Participating Bank (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Interim Financial Statements (not more than 90 days old)	<input type="checkbox"/>	<input type="checkbox"/>	Resumes of Officers and Key Management Personnel
<input type="checkbox"/>	<input type="checkbox"/>	Personal Financial Statements (not more than 90 days old)	<input type="checkbox"/>	<input type="checkbox"/>	Market Analysis
<input type="checkbox"/>	<input type="checkbox"/>	History of Existing Business	<input type="checkbox"/>	<input type="checkbox"/>	Information concerning current working capital line (if applicable)

XI. SUBMISSION ACKNOWLEDGMENT

As an authorized agent of the applicant Company, I hereby submit this Initial Project Information. 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 by the Toledo-Lucas County Port Authority through any of its financing programs.

Signature: _____ Date: _____

Typed Name: _____ Title: _____