



NORTH COUNTRY DIGITAL FILM PROJECTOR CONVERSION PROGRAM

APPLICATION FOR FINANCIAL ASSISTANCE

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North Country Digital Film Projector Conversion Program

I. BORROWER INFORMATION:

Legal Name: _____

Legal Address: _____

Federal Employment Identification Number (EIN) or SSN: _____

Phone: _____ Fax: _____ Website: _____

Year of Incorporation/Organization: _____

NYS Unemployment Insurance ID Number: _____

II. PRINCIPALS AND OFFICERS

Name	Title/Position	% Ownership	Address

Indicate names and addresses including percentage of ownership of all principals and officers.

- (1) Attach resumes of principals including date of birth, business experience, length of association with business, salary, other compensation and outside directorships and business affiliations.
- (2) If applicable, provide personal financial statements, Form A, for each proprietor, partner, officer, and stockholder with ten percent or more **ownership** in the business.
- (3) Complete Form B - BANKRUPTCY, LITIGATION, FELONY HISTORY (SCHEDULE INCLUDED)

III. PROJECT USE AND SOURCES OF FUNDS

Use of Funds			Source of Funds	
Digital Projector	\$		Digital Conversion Fund*	\$
Other:	\$		Other:	\$
Other:	\$		Other:	\$
Total	\$		Total	\$

**Digital Film Projector Conversion Fund cannot exceed 50% of the total project cost.*

Assuming an interest rate of 1% and term of 5 years (60 months), please identify if you would prefer monthly ____, annual ____, or seasonal repayments ____ (please identify those months which you prefer to make payments). There is no penalty for early repayment of the loan.

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IV. PHYSICAL DESCRIPTION OF PROJECT

- Indicate the address of the project and provide a narrative description of the physical components of the business or project. Provide quotes/estimates for equipment to be purchased. Provide timeframe for implementing project.
- Identify business's operating schedule including months/days/hours of operation.
- Describe fundraising efforts to date, if any, including total pledges to date and schedule for when pledges are expected to be received. If no fundraising has occurred, please describe how you will finance the balance of the project and repay the North Country Digital Film Projector Conversion Loan (assume 5 years at 1%).
- Complete Form C - EMPLOYMENT PLAN

V. FINANCIAL STATEMENTS

- For existing businesses, provide internally prepared profit and loss statements and balance sheets, audits, or tax returns if applicable, for the last three fiscal years. **If the most recent available statements are more than ninety (90) days old, interim statements must be provided.**
- Please complete Form D - OUTSTANDING DEBT DETAILS
- Provide projected cash flow statement for the first year of operation of the project demonstrating how you will repay the loan assuming a 5 year loan at 1%.

FORM A PERSONAL FINANCIAL STATEMENT

As of : _____

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 of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name _____ Business Phone () _____

Residence Address _____ Residence Phone: () _____

City, State, & Zip Code _____

Business Name of Applicant/Borrower _____

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hands & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payment \$ _____	
(Complete Section 8)		Installment Account (other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payment \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$ _____	Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
		Net Worth	\$ _____
Total	\$ _____	Total	\$ _____

Section 1. Source of income	Contingent Liabilities
Salary	\$ _____
Net Investment Income	\$ _____
Real Estate Income	\$ _____
Other Income (Describe below)*	\$ _____
	\$ _____
	\$ _____
	\$ _____

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 toward total income.

Section 2. Notes Payable to Banks and Others.

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency	Security Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Name & Address of Title Holder			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. 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).

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

Section 7. Other Liabilities. (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).

I authorize the Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan.

Signature: _____ Date: _____ Social Security Number: _____
 Signature: _____ Date: _____ Social Security Number: _____

FORM B
BANKRUPTCY, LITIGATION AND FELONY HISTORY

Describe any bankruptcy history, litigation history having a material effect on the business solvency, or convicted felony activity associated with the owners, management, or officers of the business.

1. Are any of the officers, owners, or management of the business presently under indictment, on parole, or probation? Yes _____ No _____

If yes, describe:

2. Have any of the owners, officers, or management of the business ever been charged with or arrested for any criminal offense other than a minor traffic infraction?

Yes _____ No _____

If yes, describe:

3. Have any of the owners, officers, or management of the business ever been convicted of any criminal offense, other than a minor traffic infraction? Yes _____ No _____

If yes, describe: _____

4. Has the business, its present owners, officers, or management ever been the subject of bankruptcy proceedings? Yes _____ No _____

If yes, describe: _____

Signed, _____

FORM D
OUTSTANDING DEBT DETAILS

Describe outstanding debt for the business including installment loans, notes, mortgages payable and capitalized leases, showing to whom payable, balance, interest rate, maturity date, monthly payment, security and whether current or delinquent. **If business is a sole proprietorship, provide personal indebtedness information.** Fill out as many sections as necessary.

1. Debt Type: _____ Lender: _____
(installment loan, mortgage, lease, etc.) (bank , individual, etc.)
Term: _____ months Interest Rate: _____ %
Date _____
Maturity Date: _____
Original Amount: \$ _____ Current Balance: \$ _____
Collateral Supporting Debt: _____
Monthly Payment: \$ _____ Current? Yes No

2. Debt Type: _____ Lender: _____
(installment loan, mortgage, lease, etc.) (bank , individual, etc.)
Date _____
Term: _____ months Interest Rate: _____ %
Maturity Date: _____
Original Amount: \$ _____ Current Balance: \$ _____
Collateral Supporting Debt: _____
Monthly Payment: \$ _____ Current? Yes No

3. Debt Type: _____ Lender: _____
(installment loan, mortgage, lease, etc.) (bank , individual, etc.)
Date _____
Term: _____ months Interest Rate: _____ %
Maturity Date: _____
Original Amount: \$ _____ Current Balance: \$ _____
Collateral Supporting Debt: _____
Monthly Payment: \$ _____ Current? Yes No

Signed _____ Date _____

(USE ADDITIONAL COPIES OF THIS SHEET IF NECESSARY)

CERTIFICATION
AND
AUTHORIZATION TO RELEASE CREDIT INFORMATION

_____, being duly sworn, deposes and says: that (s)he is the president of _____, the Project occupant (the Company) described in the foregoing application; that (s)he has read the foregoing application and knows the contents thereof; that the same is true to his/her own knowledge except as to the matters stated therein to be alleged upon his/her information and belief, and as to those matters (s)he believes it to be true; that to the best of here/his knowledge (s)he is in compliance with all federal and state legislation dealing with the hiring of illegal aliens and equal employment opportunity; and that the execution of this application has (lender) been duly authorized by the board of directors of the Company; and authorizes the lender to investigate and obtain a report concerning my (our) credit for the purpose of processing and underwriting my (our) loan application.

President, Project Occupant

_____ Applicant's Street Address
_____ Applicant's previous address
_____ City/State(province)/Country, Postal Code
_____ Current Place of Employment
_____ Current Employment address
_____ Previous employer
_____ Address previous employer
_____ Applicant's SS# or SIN#
_____ Applicant's Date of Birth
_____ Spouse's name
_____ Credit Reporting Agency

617.21
Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I-PROJECT INFORMATION (To be completed by Applicant or Project sponsor)

1. APPLICANT /SPONSOR: _____ 2. PROJECT NAME : _____

3. PROJECT LOCATION: Municipality _____ County _____

4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map):

5. IS PROPOSED ACTION: New Expansion Modification/alteration

6. DESCRIBE PROJECT BRIEFLY:

7. AMOUNT OF LAND AFFECTED:
Initially _____ acres Ultimately _____ acres

8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?
 Yes No If No, describe briefly

9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?
 Residential Industrial Commercial Agriculture Park/Forest/Open space Other
Describe: _____

10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?
 Yes No If yes, list agency(s) and permit/approvals

11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?
 Yes No If yes, list agency(s) and permit/approvals

12. AS A RESULT OF PROPOSED ACTION, WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?
 Yes No

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Applicant/Sponsor Name: _____ Date: _____
Signature: _____

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment.

PART II-ENVIRONMENTAL ASSESSMENT (To be completed by Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.12? If yes, coordinate the review process and use the FULL EAF.

Yes No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another Involved agency.

Yes No

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly.

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly.

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly.

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly.

D. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?

Yes No

PART III- DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (~) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed.

Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts AND provide on attachments as necessary, the reasons supporting this determination:

Name of Lead Agency _____

Print or Type Name of Responsible Officer in Lead Agency _____ Title of Responsible Officer _____

Signature of Responsible Officer in Lead Agency _____ Signature of Preparer (If different from responsible officer) _____

_____ Date _____