

**NORTH COUNTRY TRANSFORMATIONAL COMMUNITY TOURISM
LOAN PROGRAM**

APPLICATION FOR FINANCIAL ASSISTANCE

Contact:

Michelle Capone
c/o Development Authority of the North Country
317 Washington Street
Watertown, New York 13601
Telephone: (315) 661-3200
TDD # 1-800-662-1220
Telefax: (315) 661-3201
E-Mail: mcapone@danc.org

CHECKLIST OF SCHEDULES

<u>Included</u>	<u>Not Included</u>	<u>Not Applicable</u>	
_____	_____	_____	Schedule "A" – Application Information/Certification
_____	_____	_____	Schedule "B" - Principals and Officers with Resumes
_____	_____	_____	Schedule "C" - Personal Financial Statements & Tax Returns <i>(Each person with 10% or more ownership in company must complete one.)</i>
_____	_____	_____	Schedule "D" - Authorization to Release Credit Information <i>(Each person with 10% or more ownership in company must complete.)</i>
_____	_____	_____	Schedule "E" - Bankruptcy, Litigation, Felony History
_____	_____	_____	Schedule "F" - Employment Plan
_____	_____	_____	Schedule "G" - Outstanding Debt Details
_____	_____	_____	Schedule "H" - Security Collateral
_____	_____	_____	Schedule "I" - Business Plan
_____	_____	_____	Schedule "J"- Project Costs and Financing Sources
_____	_____	_____	Schedule "K" - Profit & Loss Statements/Balance Sheets
_____	_____	_____	Schedule "L" - Projected Profit/Loss & Cash Flow Statements and Balance Sheet
_____	_____	_____	Schedule "M" - Form IA "Race/Ethnicity Disclosure"
_____	_____	_____	Schedule "N" - NYS Environmental Assessment Form <i>(Development Authority of the North Country should be a "Listed Agency" for an Environmental Impact Statement involving a coordinated review)</i>
Required			Schedule "O" - MWBE Utilization Plan <i>(Goal is 13% NYS certified minority-owned business enterprise and 10% NYS certified woman-owned business enterprise)</i>
Required for Hotels After 12/11/2009			Schedule "P" – Labor Peace

SCHEDULE "A"

Borrower (Legal Name): _____ EIN/TIN: _____

D/B/A if any: _____ State Unemployment Insurance No. _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Website: _____

Type of Organization (i.e. sole proprietorship, partnership, corporation, etc.) _____

North American Industrial Classification System Number (NAICS): _____

Contact Name: _____ Phone Number: _____

Contact Address: _____ City: _____ State: _____ Zip Code: _____

Certification:

The North Country Transformational Community Tourism Loan Program ("Program") is funded through New York State Empire State Development ("ESD") and administered by the Development Authority of the North Country ("DANC"). ESD requires that the Borrower of Program funds comply with the following:

- Exhibit G-1: Documentation of Project Costs - (includes description of item or service purchased with program funds, vendor name, invoice date, amount, check number, and number of items received.) *If construction is being documented with AIA Forms be sure all applicable sections are completed, signed and notarized.*
- Proof of Equity Contribution – includes confirmation
- Compliance with Minority and Woman-Owned Business Enterprise goals of 13% for certified Minority Owned Business Enterprises and 10% for certified Woman-Owned Business Enterprises. This includes completion of the attached ESD Exhibit H-4: Utilization Plan and quarterly completion of the ESD Exhibit H-6: Contractor Compliance and Payment Report.
- Compliance with Equal Employment Opportunity which includes utilization of ESD Exhibit H-2: Staffing Plan in bids or proposals, and completion of ESD Exhibit H-3: Workforce Employment Utilization Report to be completed by Contractors and Subcontractors.
- Compliance with State Environmental Quality Review Act. If a coordinated environmental review by a lead agency, then the Development Authority of the North Country should be a "listed agency."
- Compliance with Labor Peace.

I have read the above and understand that by signing this application and requesting funds from ESD that should I be funded, I will be obligated to comply with these Program requirements.

Date: _____ Borrower: _____ Title: _____

SCHEDULE "B"
PRINCIPALS AND OFFICERS

Indicate names and addresses including percentage of ownership of all principals and officers.
Please attach resumes for principals.

Owners/Principals

Name	% Ownership
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Officers

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Schedule "C" 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: _____

SCHEDULE "D"
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

SCHEDULE "E"
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, _____

SCHEDULE "G"
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)

SCHEDULE "H"
SECURITY COLLATERAL

List any additional collateral (such as land, buildings, machinery, equipment) available for security. Indicate cost, net book value (cost less depreciation), an estimate of present market value and present loan balance. **For each item of collateral listed, provide a description of all associated liens thereon.**

Land or Real Estate

Description	Location	Cost	Est. Book Value	Est. Market Value	Present Loan Balance	Liens (Identify Lien Holder)

Machinery or Equipment

Description	Location	Cost	Est. Book Value	Est. Market Value	Present Loan Balance	Liens (Identify Lien Holder)

Other Tangible Assets

Description	Location	Cost	Est. Book Value	Est. Market Value	Present Loan Balance	Liens (Identify Lien Holder)

SCHEDULE "T" **BUSINESS PLAN**

Description of the Business

Describe the business including history if an existing business. Please be sure to include descriptions of the following: type of business; status of business; when did (will) it start; hours of operation; who are your customers; why is your business successful (will succeed); and any seasonal fluctuations in sales or employment. Include significant developments in operation and financial condition. Indicate current number and titles of employees for business startups, describe how the background of the principals will contribute to the success of the new business.

If applicable, indicate the names and addresses of all concerns that may be parent companies, subsidiaries, or affiliates of the business including concerns in which the business, or any of its principals, hold an interest greater than ten (10%) percent.

Location of the Business

Describe the location of the business and be sure to include information about the following: physical address of business; is site leased or owned; physical features and characteristics of the site including size and use of space; description of neighborhood and surrounding businesses; any renovations needed; and the reason for choosing this location.

Management

Describe the business background, management experience, and education for each key partner or key manager with 10% or greater interest in the business. Include both formal and informal learning experience which have a bearing on your managerial abilities.

Include a description of the following: why this type of business was chosen; direct operational and/or managerial experience in this type of business; organizational structure (including a description of who does what); time devoted to running the business; and local resources available to management.

Market

Describe in detail who exactly is your market; where your market is located; present size and growth potential of the market; and the price you anticipate getting for your product or service. Also include information on how you will attract and keep your segment of the market (including advertising); how you will promote your product or service; trends in your industry; future goals; and how the business can expand.

Describe business objectives in terms of production, sales, and earnings for the proposed business or project. An emphasis should be placed on describing the specific marketing actions that the business will take to meet its projected earnings in its competitive environment. Include letters of intent from prospective suppliers or any firm contracts for your business. This schedule should be supported by the projections contained in later schedules.

Competition

Describe in detail who your competition is and include information on the following: what products/services they offer; where their business and market are located; what their reputation or image is; what their marketing strategies are and how their business is doing. Also discuss how your operation will be different and what you have learned from watching them.

SCHEDULE "J"
PROJECT COSTS AND FINANCING SOURCES

Provide details on total project costs and sources of financing. All costs associated with the project should be supported by third party quotations, purchase offers, appraisals, contractors estimates or similar documentation as is appropriate. Explain how each component of the project will be financed, including the use of a loan through these Programs. Indicate the order of lien preference and all sources of financing (include participants, amounts, percent of total, interest rate, and term). IN ALL CASES, where other lenders are proposed in the capital structure of the project, attach commitments from banks or other lending institutions. Where funding from these programs are the only lending source, provide documented evidence of the unavailability of other funding.

SCHEDULE "K"
PROFIT AND LOSS STATEMENTS/BALANCE SHEETS

For existing businesses, provide profit and loss statements and balance sheets for the last three fiscal years. Statements must include or be accompanied by separate expense schedules for Cost of Goods Sold, Selling and General Administrative Expenses, including depreciation, salaries, and dividends. **If the most recent available statements are more than ninety (90) days old, interim statements must be provided. Where the request represents a refinancing, or where the business exhibits a degree of financial distress, an aging of accounts payable and receivable should be provided.** Provide business income tax returns for the last three years.

SCHEDULE "L"
PROJECTED PROFIT AND LOSS & CASH FLOW STATEMENTS, AND BALANCE SHEET

Provide projected profit and loss and cash flow statements for three years in the same format as Schedule "K". Statement must include projected interest payments and depreciation expenses. Describe assumptions on which projections were based. The projections should be supported by and be relevant to the narrative contained in Schedule H. Note: Different programs require projections for different numbers of years into the future. It is important to consult program representatives before investing in the development of financial projections. Balance sheets must also be provided for each projected year end.

SCHEDULE "M"
Form IA

Signature of Applicant

Date

"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname."

Ethnicity:

Hispanic or Latino _____

Not Hispanic or Latino _____

Race: (Mark one or more)

White _____ **Black or African American** _____

American Indian/Alaska Native _____ **Asian** _____

Native Hawaiian or Other Pacific Islander _____

Gender: Male _____ **Female** _____

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