

| COMPANY NAME: | DATE ESTABLISHED | Phone Number | WEBSITE | URL: |
|-------------------|-----------------------------------|-------------------|-----------|----------------------|
| STREET ADDRESS: | CITY | I | STATE | ZIP |
| TYPE OF BUSINESS: | TYPE OF ENTITY: Proprietorship |] Partnership C C | orporatio | on S Corporation LLC |

| Company Ownership | | | | |
|-------------------|-------|-----------|--|--|
| OWNER NAME | TITLE | OWNERSHIP | | |
| | | % | | |
| | | % | | |
| | | % | | |

| References | | |
|------------|-----------------|-------|
| BANK NAME | ACCOUNT OFFICER | PHONE |
| ACCOUNTANT | FIRM NAME | PHONE |

| Project Site Information | | |
|---------------------------------|--------------------------------------|--|
| PROJECT STREET ADDRESS: | | |
| | | |
| PROJECT NAME: | | |
| | | |
| | | |
| Anticipated project start date: | Anticipated project completion date: | |

| USES OF PROJECT FUNDS | | SOURCES OF PROJ | ECT FUNDS |
|-------------------------------------|----|------------------------|-----------|
| Acquisition (Land/Building): | \$ | Equity Investment: | \$ |
| Building (Construction/Renovation): | \$ | *Bank Loan: | \$ |
| Machinery & Equipment: | \$ | Government Loan: | \$ |
| Infrastructure: | \$ | Other: | \$ |
| Soft Costs (Fees, Miscellaneous): | \$ | Other: | \$ |
| TOTAL PROJECT COSTS: | \$ | TOTAL PROJECT SOURCES: | \$ |

* Please provide all Commitment Letters for additional sources of financing



| Employee Questionnaire: Complete attached employment worksheet | | | | |
|--|----------------|----------------------------|----------------|--|
| | # OF EMPLOYEES | # OF MINORITY EMPLOYEES | PAYROLL | |
| Currently | | | \$ | |
| If Approved (Next 3 years) | | | \$ (Projected) | |

Miscellaneous: Provide appropriate information for the following questions, if applicable

- Does your business, its owners or majority stockholders own or have a controlling interest in other businesses? If yes, please provide their names and the relationship with your company along with a current balance sheet and operating statement for each. If not applicable, check here
- Do you or your spouse or any member of your household, or anyone who owns, manages, or directs your business or their spouses or members of their households work for the City of Dallas? If so, please provide the name and address of the person and the office where employed. If not applicable, check here
- Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings? If yes, please provide details. If not applicable, check here
- Are you or your business involved in any pending lawsuits? If yes, please provide details. If not applicable, check

I UNDERSTAND THAT ANY WILLFUL MISREPRESENTATION ON THIS STATEMENT COULD RESULT IN A FINE AND/OR IMPRISONMENT UNDER PROVISIONS OF THE UNITED STATES CRIMINAL CODE.

I HEREBY AUTHORIZE THE RELEASE TO THE CITY OF DALLAS ANY INFORMATION THEY MAY REQUIRE AT THE TIME FOR ANY PURPOSE RELATED TO MY CREDIT TRANSACTION WITH THEM.

I FURTHER AUTHORIZE THE CITY OF DALLAS TO RELEASE SUCH INFORMATION TO ANY ENTITY THEY DEEM NECESSARY FOR ANY PURPOSE RELATED TO MY CREDIT TRANSACTION WITH THEM.

| APPLICANT NAME | TITLE | SIGNATURE | DATE |
|----------------|-------|-----------|------|
| APPLICANT NAME | TITLE | SIGNATURE | DATE |



| Unpaid Taxes: Attach tax lie | n | | | |
|------------------------------|------------|----------|--------|-------------------------------------|
| TYPE OF TAX | PAYABLE TO | DUE DATE | AMOUNT | IF FOR A PROPERTY, INDICATE ADDRESS |
| TYPE OF TAX | PAYABLE TO | DUE DATE | AMOUNT | IF FOR A PROPERTY, INDICATE ADDRESS |
| TYPE OF TAX | PAYABLE TO | DUE DATE | AMOUNT | IF FOR A PROPERTY, INDICATE ADDRESS |

| Creditor | Original Amount | Original Date | counts paya Present Balance | Interest Rate | Maturity Date | Monthly Payment | Security | Current or Delinquent |
|----------|--------------------|------------------|-----------------------------------|----------------------|------------------|--------------------|----------|--------------------------|
| NAME | | 2410 | | 1000 | 2410 | | | 201194011 |
| ADDRESS | - | | | | | | | |
| NAME | | | | | | | | |
| ADDRESS | | | | | | | | |
| NAME | | | | | | | | |
| ADDRESS | - | | | | | | | |
| NAME | | | | | | | | |
| ADDRESS | - | | | | | | | |
| Tota | l Present Bal | ance* | \$ 0.00 | Total Mon Payment | thly | \$ 0.00 | | 1 |



| Current Employment Profile Worksheet | |
|--------------------------------------|-------------|
| COMPANY NAME | REPORT DATE |

| Job Classification | Salary Range | Number of Jobs | African Americans | Hispanics | Men | Women | City of Dallas Residents |
|--------------------|-----------------|-------------------|----------------------|-----------|-----|-------|--------------------------------|
| | | | | | | | |
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| | | | | | | | |
| Total: | | | | | | | |



Declaration of Number of Persons Employed by Applicant

Federal Law Compliance

The applicant shall comply with all applicable federal labor laws, including the National Labor Relations Act.

- 1. Is your company/organization for-profit or non-profit ??
- 2. Number of current/active employees on payroll?
- 3. Number of employees if grant is awarded? _____
- 4. If your company/organization is a non-profit entity, what is the highest amount paid to any employee? (please specify if amount is paid annually, biweekly, weekly or hourly).

Current Contracts with City of Dallas

Provide the following information about any current City of Dallas contracts you or your

company/agency may have with the City.

City Contract Number: _____

Type of Contract:

Contract Expiration Date:_____

Dollar Amount of Contract. \$_____

Certifications

CERTIFICATION

It is hereby represented and certified that to the best of knowledge and belief of the undersigned, that the information contained herein and attached hereto is accurate and correct.

Applicant Name (Typed):

I authorize the City of Dallas, Texas to make inquires as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above statements contained in the attachments are true and accurate as the state date(s). These statements are made for the purpose of either obtaining financial assistance. I understand that any willful misrepresentation on this statement could result in a fine and/or imprisonment under provisions of the United States criminal Code



All items indicated on the checklist below must be submitted or an explanation submitted in order to apply for small business assistance from the City of Dallas Small Business Center

| Personal Information |
|---|
| ents for the last 3 years Provide for each owner of 20% or greater: |
| Management Resumes |
| ears (CPA prepared) |
| A Prepared) Proof of Equity injection |
| ting Agreement (if LLC) |
| ws (if applicable) Franchise Agreement |
| oll amounts |
| |
| Other Information |
| f available) 🗌 Commitment for other funding |
| Detailed business plan |
| Machinery/Equipment liquidation appraisal (if |
|) applicable) |
| Detailed project description |
| If tenants, provide leases, jobs associated |
| with tenant and square footage |
| ms, depreciation and |
| puilding initiatives (if |
| |
| |
| |
| |
| |
| Machinery/Equipment liquidation appraapplicable) Detailed project description If tenants, provide leases, jobs associate with tenant and square footage |