



Would be nice to make this “fill out online” friendly. Separate word doc attached.

APPLICATION FOR FINANCIAL ASSISTANCE
Public Section

Applicant Information

Applicant Name: _____

Name of Business: _____

Property Address: _____

Mailing Address: _____

Telephone Number: _____ Cell #: _____

Email: _____

Contact Person (if different from above): _____

Telephone Number: _____ Cell#: _____

Property Owner (if different from above): _____

Mailing Address: _____

Telephone Number: _____ Cell#: _____

Email: _____

Business Information

Type of Business: _____

New Business: _____

Existing Business: _____

Year Organized: _____

Type of Business Organization:

- | | |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> City or County Government |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other |

Type of Financial Assistance Requested

- Revolving Loan Fund
 - Performance Based Grant
 - Business Incentive Grant
- See policy guidance for details on various financial assistance programs.*

Briefly Describe the Project

Use of EDC Funds & Amount Requested

Use of EDC Funds

Amount Requested

- | | |
|---------|----------|
| • _____ | \$ _____ |
| • _____ | \$ _____ |
| • _____ | \$ _____ |
| • _____ | \$ _____ |
| • _____ | \$ _____ |
| • _____ | \$ _____ |

Total EDC funds requested \$ _____

Date EDC funds will be needed _____

Cost of Project

Cost of materials \$ _____
Cost of labor \$ _____
Purchase of real estate \$ _____
Purchase of furniture, fixtures, & equipment \$ _____
Purchase of inventory \$ _____
Purchase of supplies \$ _____
Working capital \$ _____
Other \$ _____
Total cost of project \$ _____
Attach worksheet if necessary

Amount of EDC funds requested (from page 2) \$ _____
Percentage of total cost of project _____

Describe the Economic Benefits to the City of Junction

Number of full-time jobs created or retained: _____
Number of part-time jobs created or retained: _____
Estimated amount of sales tax generated annually: _____
Estimated amount of property taxes generated annually: _____
Any benefit to other existing businesses in Junction: _____
Will business expansion increase demand on municipal services: _____ Yes _____ No
If yes, have you discussed these issues with city officials: _____ Yes _____ No

Confidential Section

The following information is required for a completed application but is not subject to public review:

- New business
 - 1) Written business plan
 - 2) Financial projections with supporting assumptions
- Existing business
 - 1) Written detail of current business operations and any proposed changes
 - 2) Last three years federal income tax returns
 - 3) Financial projections with supporting assumptions

Application Submitted

I hereby certify that, to the best of my knowledge, all information submitted in the above application is correct and accurate.

Grant Applicant's Signature

Date

Name of Business Organization

Approval of Application

REQUEST APPROVED: _____ **REQUEST DENIED:** _____

AMOUNT APPROVED: _____

DATE OF APPROVAL/DENIAL: _____

JUNCTION TEXAS ECONOMIC DEVELOPMENT CORPORATION

President

Secretary

Business Owner