

Financing Application

COMPANY SUMMARY

Company Name			Type of Business				
			<input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesale <input type="checkbox"/> For Profit <input type="checkbox"/> Non Profit <input type="checkbox"/> Service <input type="checkbox"/> Retail <input type="checkbox"/> Other ()				
Date Founded	Date Inc.	State Organized (if not sole proprietor)	Type of Business		NAICS	Federal EIN	DUNS Number
			<input type="checkbox"/> Sole-Proprietor <input type="checkbox"/> LLC Other _____ <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation				
Description of the Product or Primary Business of the Company							
Contact Person, Title		Telephone	Cell Phone	Fax	Email Address		
Are you a U.S. citizen or have legal status?				Do you have a website?			
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> No <input type="checkbox"/> Yes _____			
Would you like your business to be identified as (51% or more of ownership is):							
<input type="checkbox"/> Woman-Owned <input type="checkbox"/> Minority-Owned <input type="checkbox"/> Veteran-Owned <input type="checkbox"/> LGBTQIA+ Owned <input type="checkbox"/> Person w/ a Disability Owned							

Principals/Owners – Attach Resumes (use separate sheet if necessary)						
Name	Title/Position	Soc. Sec. or Fed. ID # (for those owning 20% or greater)	% Owned	Years' Experience (industry/company)	Personal Income \$	Household Income/# of People in Home

Affiliated Companies (use separate sheet if necessary)	Function of Affiliates

Are you or any company that you own or have previously owned ever filed for bankruptcy?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you or your business involved in any pending or prior lawsuits?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been convicted of a felony?
<input type="checkbox"/> No <input type="checkbox"/> Yes Describe, include date: _____

Are all of your taxes current?	Do you have any judgements against you or your business?
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____

LOCATIONS

Mailing Address ***CORRESPONDENCE TO BE SENT***			
City, State (if other than PA)	Zip Code	County	Municipality
Political Districts	PA House:	PA Senate:	US Congress:

Address ***SITE WHERE PROJECT FUNDS ARE TO BE UTILIZED (If Different From Above)***			
City, State (if other than PA)		Zip Code	County
Political Districts		PA House:	PA Senate:
			US Congress:
Is the site where the funds being utilized:			
<input type="checkbox"/> Enterprise Zone <input type="checkbox"/> Brownfield <input type="checkbox"/> Act 47 Community <input type="checkbox"/> Keystone Opportunity Zone <input type="checkbox"/> Prime Agricultural Area <input type="checkbox"/> Uses PA Port <input type="checkbox"/> KIZ			

FACILITY DATA

EXISTING FACILITY					
Facility Size		Acreage		Ownership	
Sq. Ft.				<input type="checkbox"/> Owned <input type="checkbox"/> Leased	
OWNED:					
Purchase Price	Purchase Year	Appraised Value	Appraised Year	Outstanding Mortgage Balance	Annual Mortgage Payment
LEASED:					
Owner		Owner's Mailing Address		Lease Expiration Date	Annual Lease Payments
NEW FACILITY					
Facility Size		Acreage	Expansion/Replacement		Company to Occupy Entire Space?
Sq. Ft.			<input type="checkbox"/> Expansion <input type="checkbox"/> Replacement		<input type="checkbox"/> Yes <input type="checkbox"/> No
If company is not using entire space, please explain (use separate sheet if necessary)					

LEGAL CONTACT INFORMATION

Company		
Address		
Contact	Telephone	Email

ACCOUNTANT CONTACT INFORMATION

Company		
Address		
Contact	Telephone	Email

INSURANCE CONTACT INFORMATION

Company		
Address		
Contact	Telephone	Email

MARKETING INFORMATION

Major CUSTOMERS	Location (City & State)	% of Sales (last fiscal year or 1 st year projected)

Major SUPPLIERS	Location (City and State)

Major COMPETITORS	Location (City and State)

Company Geographic Market Area

FINANCING PROJECT

USE OF FUNDS	Total Project Costs (include all costs, including JARI Growth Fund costs)
Land Acquisition	
Building Acquisition	
Building Construction	
Leasehold Improvements	
Machinery and Equipment	
Working Capital	
Please Specify:	
Other _____	
TOTAL	

Have you been turned down for financing by another source?	Do you have another source of funds?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state source: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide approved commitment letter.

JOB CREATION & RETENTION

	Total # of Employees
Existing	
Full-Time	
Part-Time	
Projected 1st Year	
Full-Time	
Part-Time	
Projected 3rd Year	
Full-Time	
Part-Time	

Everything I/we have stated in the application is correct to the best of my/our knowledge. I/we understand that to knowingly make any false statements concerning any of the above facts or information contained in this application is a Federal Crime punishable by fine or imprisonment, or both, as applicable under the provisions of Title, 18, United States Code, Section 1014. The undersigned further warrants that a Bankruptcy processing is neither presently in progress or anticipated.

I/we authorize you to gather credit information about me/us and to check all information contained in this application.

Signature of Authorized Representative

Date

Title

FOR INTERNAL USE



JARI Growth Fund

\$ _____



Growing Your Region

\$ _____