

COMPANY NAME:	DATE ESTA	ABLISHED	Phone Number	WEBSITE	URL:	
STREET ADDRESS:	CITY			STATE	ZIP	
TYPE OF BUSINESS:	Proprie	ITITY: etorship	Partnership C C	Corporatio	n S	Corporation LLC
Company Ownership						
OWNER NAME			TITLE			OWNERSHIP
						%
						%
						%
References						
BANK NAME		ACCOUNT	OFFICER		F	PHONE
ACCOUNTANT		FIRM NAM	1E	f	PHONE	
Project Site Information						
PROJECT STREET ADDRESS:						
PROJECT NAME:						
Anticipated project start date:		Anticipat	ed project completior	ı date:		
USES OF PROJECT FU	NDS		SOUR	CES OF PR	OJECT F	UNDS
Acquisition (Land/Building)	: \$		Equity	Investmer	nt: \$	
Building (Construction/Renovation)	: \$			*Bank Loa	n: \$	
Machinery & Equipment	:: \$		Gover	nment Loa	in: \$	
Infrastructure	: \$		Other:		\$	
Soft Costs (Fees, Miscellaneous)	: \$		Other:		\$	
* Please provide all Comp			TOTAL PROJEC		S : \$	

^{*} 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

Unpaid Taxes: Attach tax lien							
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			



Business Debt Schedule: Indebtedness- furnish the following information on all installment debts, contracts, notes and mortgages payable. Do not include accounts payable or accrued liabilities								
Creditor	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Security	Current or Delinquent
NAME								
ADDRESS								
NAME								
ADDRESS								
NAME								
ADDRESS								
NAME								
ADDRESS								
Total Present Balance*		\$ 0.00	Total Monthly Payment		\$ 0.00			

Current Employment Profile Worksheet	
COMPANY NAME	REPORT DATE

Job Classification	Salary Range	Number of Jobs	African Americans	Hispanics	Men	Women	City of Dallas Residents



				At	KPA FU	<u>ındıng</u>			T	
Total:										
			<u> </u>	I					L	
Dec	claration	of Number	of Persons E	mployed by	Applicant					
	The a	r al Law Com pplicant sha	-	h all applica	ble federal lat	oor laws, inclu	ding the N	lational Lab	oor Relations	
	Act. 1.	Is your co	mpany/orga	nization for-	profit 🗌 or n	on-profit 🔲	?			
	2.	Number	of current/ac	tive employe	ees on payroll	?	_			
	3.	Number	of employees	if grant is a	warded?	<u> </u>				
	4.					tity, what is th lually, biweek	_			
Curre	nt Contr	acts with Cit	ty of Dallas							
	Provi	de the follov	ving informa	tion about a	ny current Cit	y of Dallas cor	ntracts you	u or your		
	comp	any/agency	may have wi	th the City.						
	City (Contract Nur	nber:				_			
	Туре	of Contract:					<u> </u>			
	Conti	act Expiration	on Date:							
	Dolla	r Amount of	Contract. \$ _							



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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):		
Signature:	Title:	Date:

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

Chec	klist		
?	Business Information	?	Personal Information
	Audited business financial statements for the last 3 years Business debt schedule Federal tax returns for the last 3 years (CPA prepared) Five year operating pro forma (CPA Prepared) Articles of Organization and Operating Agreement (if LLC) Articles of Incorporation and by-laws (if applicable) Itemized list of new jobs and payroll amounts		Provide for each owner of 20% or greater: Management Resumes Personal credit report Proof of Equity injection Partnership Agreement (if partnership) Franchise Agreement
?	Real Estate Information	?	Other Information
	Real Estate Purchase Agreement (if available) Construction cost budget Legal description of project site Settlement Statement (if available) Existing environmental studies Five-year real estate pro forma Proof of Insurance Detailed project operating cost items, depreciation and projected debt service Explanation of green/sustainable building initiatives (if applicable) Line item project budget As-is appraisal (if 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



Please complete the questions below related to the direct impact of the Novel Coronavirus (COVID- 19) had on your business:

1. Did you have to temporarily close your business because of COVID? Yes _____ or No____

2. Did you have to lay off employees from your business because of COVID? Yes or N	o
What was your small business percentage of financial loss because of COVID?	
4. Was your business relocated because of COVID? Yes or No	
* Please provide additional comments regarding the impact that Novel Coronavirus your business	(COVID-19) has had
fications	
CERTIFICATION	
It is hereby represented and certified that to the best of knowledge and belief of the information contained herein and attached hereto is accurate and correct.	of the undersigned, that
Applicant Name (Typed):	
Signature:Title:	Date:
I authorize the City of Dallas, Texas to make inquires as necessary to verify statements made and to determine my creditworthiness. I certify the above st in the attachments are true and accurate as the state date(s). These statement purpose of either obtaining financial assistance related to ARPA funding, I unders misrepresentation on this statement could result in a fine and/or imprisonment the United States criminal Code.	ratements contained nts are made for the stand that any willful

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