



The Delaware Economic Development Authority Site Readiness Application

Instructions:

Please complete and submit this application electronically to **business_finance@delaware.gov**. Return one original to **The Delaware Economic Development Authority, 99 Kings Highway, Dover, DE 19901**, with a check for the appropriate amount pursuant to the financing request (see "Application Fee Schedule") made payable to "The Delaware Economic Development Authority" (non-refundable application fee). This application is not a commitment for funds, nor does it obligate the State of Delaware or any State agency to provide any form of financial assistance. Not all questions will be applicable to public entities and utilities. Please contact the Delaware Prosperity Partnership or Division of Small Business for questions.

General Information:

Please provide a detailed description of the project to describe how the project will provide additional development site options and allow communities to compete for investment and job creation opportunities that will benefit the people of Delaware, maintain or increase the tax base of Delaware's economy and maintain, diversify, or expand business and industry in Delaware:

Applicant Category:

- Level 1 – Grants awarded up to \$100,000 for initial studies and activities involved in the early stages of developing a site including but not limited to surveys, wetland delineation studies, Phase 1 & 2 Environmental Site Assessments and preliminary planning and engineering.
- Level 2 – Grants awarded up to \$1,000,000 for advanced activities associated with developing a site or area including but not limited to infrastructure and utility projects, rail extension engineering and development, and advanced planning and engineering.

Legal Name of Applicant	Delaware Business License Type	Tax I.D. or SS# for an Individual Report
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State of Incorporation	Amount of Grant Requested
------------------------	---------------------------

- | | | | |
|--|--|--|---------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> S-Corp |
| <input type="checkbox"/> C-Corp | <input type="checkbox"/> LLC | <input type="checkbox"/> Individual Business Request | |

Applicant's Billing Address

Applicant's Email

Title (if applicable)

Primary Project Contact Name

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Applicant Type:

- Private Landowner Public entity/county/municipality
 Equitable landowner/developer Utility provider
 Other:

Property Information:

Property Address of site or region of impact:

County / Municipality of Land Use Jurisdiction:

Parcel number(s): Property size (acres): Current Zoning:

State Strategy Investment Level, if known:

Proposed Zoning under comp. plan if applicable:

Environmental Status:

Please list any known environmental conditions or impediments in developing site.

Utilities on or near site:

If known, please provide utility information below:

Electric at Site?	<input type="text"/>	Distance from site:	<input type="text"/>	Provider:	<input type="text"/>
Water at Site?	<input type="text"/>	Distance from site:	<input type="text"/>	Provider:	<input type="text"/>
Wastewater?	<input type="text"/>	Distance from site:	<input type="text"/>	Provider:	<input type="text"/>
Natural Gas?	<input type="text"/>	Distance from site:	<input type="text"/>	Provider:	<input type="text"/>
Fiber / Internet?	<input type="text"/>	Distance from site:	<input type="text"/>	Provider:	<input type="text"/>
Rail: Is this, or could this be a rail served site?	<input type="text"/>	If yes, Distance from site:	<input type="text"/>		
Provider:	<input type="text"/>	Utilities/Rail Notes:	<div style="border: 1px solid #ccc; height: 45px;"></div>		

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Source and Use of Funds for Public Purpose:

Please demonstrate applicant’s investment in project. Preference to projects where applicant is investing over 50% of private funds for total project costs.

	Funded by Grant	Funded by Applicant
Site Readiness Project (Specify activities):	\$	\$
	\$	\$
	\$	\$
	\$	\$
Other Project Costs (Specify activities):	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Project Costs	\$	\$

Please attach project cost estimates for which grant funds would be used.

Other Information about project:

Marketing of site:

Applicant will allow Delaware Prosperity Partnership and other economic development partners to share site information with prospective users, and on Zoom Prospector (DPP’s free real estate database) and/or on DPP’s website.

Please Initial: _____

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Management & Ownership:

List Owners of property if applicable:

(Show 100% ownership. If more space is necessary, attach a complete list formatted as below as "Exhibit: Management and Ownership - 1.")

Name	SS# or Tax ID#	% Ownership	Address

Has the applicant or any person listed above:

Yes	No	
		Been the subject of, or a party to, any formal or informal inspection, inquiry, investigation, administrative proceeding, criminal prosecution or civil litigation by any federal or state agency administering, or private person seeking relief under, state or federal statutes, regulations or rules governing collective bargaining, hours of labor, working conditions, industrial hygiene and safety, minimum wage standards, discrimination in wages, child labor, unemployment insurance, workers' compensation or other labor law matters?
		Been the subject of or a party to any formal or informal inspection, inquiry, investigation, administrative proceedings, criminal prosecution or civil litigation by any federal or state agency administering, or private person seeking relief under, state or federal environmental statutes or regulations?
		Been the subject of, or a party to, any formal or informal inspection, inquiry, investigation, administrative proceeding, criminal prosecution or civil litigation by any state or federal law enforcement, regulatory or administrative agency for the criminal or civil violation of any federal or state statute, regulation, rule or the terms of any license or permit issued by a federal or state agency, including the failure to hold such a license or permit?
		Been the defendant in any civil litigation in which any type of fraud, misrepresentation, unfair or deceptive trade practices were alleged?
		Been debarred or suspended from contracting with any state or federal agency or from receiving financial assistance from any state or federal agency?
		Been denied any license or permit or had any license or permit revoked or suspended by any federal, state or local agency or governmental body?
		Been convicted of a crime?
		Filed a voluntary petition in bankruptcy or had an involuntary petition in bankruptcy filed against the Applicant, in any bankruptcy court, or been subject to any other state or federal insolvency or receivership proceedings?
		Been an owner or manager of a manufacturing facility that was designated as a chronic violator by the Delaware Department of Natural Resources & Environmental Control?
		Do you have a family member who is currently employed in either the Delaware General Assembly and/or Executive Branch? Family member is defined as sibling, parent, aunt, uncle cousin or second cousin. If so by what relationship.

If the answer to any question above is "Yes", furnish details on a separate page and attach as: "Exhibit: Management & Ownership – 2"

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Exhibits Required:

This application will not be considered complete unless the following items are submitted with the application form:

A. "If yes" or "If Necessary" exhibits from application:

- Attached N/A Exhibit: Management & Ownership - 1
- Attached N/A Exhibit: Management & Ownership - 2

B. Certificate of Good Standing* and Business License:

- Attached In Process An original Certificate of Good Standing issued by the Division of Corporations of the Delaware Secretary of State's office within the thirty-day period before the date of the application
- Attached In Process A copy of the business license issued by the Division of Revenue of the Delaware Department of Finance.

* Certificate of Good Standing is not available for sole proprietorships or some general partnerships but is for all other entities.

C. Financial information*:

- Attached N/A Three most recent years of financial statements and as much of the current year as is available, (but not more than three months old). Include as "Exhibit: Financial Statements"
- Attached N/A Three most recent years of tax returns. Include as "Exhibit: Tax Returns"
- Attached N/A Completed copy of "List of All Outstanding Obligations" form that follows
- Attached N/A Completed copy of "Project Source & Use of Funds" form found on page 3.

If the applicant is a new entity with less than two years of financial statements, provide personal financial statements and tax returns of each principal (or the parent company) for the past three years.

D. Personal Financial Statements (if applicable)

- Attached N/A Use the form that follows only if you have been asked to complete it in advance by a DEDA representative. Personal Financial Statements are usually only requested when a personal guarantee is involved. Save this document in case you will be asked to fill out this section in the future.

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E. Certificate of Incorporation, Corporate Bylaws, Certificate of Formation and Limited Liability Operating Agreement*:

- | | | |
|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Attached | <input type="checkbox"/> In Process | A copy of the original Certificate of Incorporation issued by the Division of Corporations of the Delaware Secretary of State's office within the thirty-day period before the date of the application. |
| <input type="checkbox"/> Attached | <input type="checkbox"/> In Process | A copy of the corporation's bylaws, if applicable. |
| <input type="checkbox"/> Attached | <input type="checkbox"/> In Process | A copy of the original Certificate of Formation issued by the Division of Corporations of the Delaware Secretary of State's office within the thirty-day period before the date of the application. |
| <input type="checkbox"/> Attached | <input type="checkbox"/> In Process | A copy of the original signed and executed limited liability company operating agreement. |

*Certificate of Incorporation and Corporate Bylaws apply to Delaware corporations; Certificate of Formation and Limited Liability Operating Agreement apply to Delaware limited liability companies. Corporations are not required to have bylaws; in this event, please submit a copy of the Articles of Incorporation.

F. Attach to supplement, if applicable:

- ___ Survey/Site Plan/Concept Plan
- ___ Copy of County Parcel Details and Map
- ___ Aerial Map (s)
- ___ Evidence of clear title unless waived.
- ___ Project cost estimates from contractor, engineer, or other source.
- ___ Support Letter from County or Municipality that has planning jurisdiction over site.
- ___ Proof of Property Tax payment

Non-refundable application fee: please refer to the "Application Fee Schedule" form that follows for the appropriate amount. Fees will be returned to the applicant if the application does not go before the Council on Development Finance.

LIST OF ALL OUTSTANDING OBLIGATIONS

Strategic Fund loan or grant (Notes, Mortgages, and Accounts Payable)

Applicant

Description of Note with Collateral/ Security	Original Date	Original Amount	Present Balance	Current or Delinquent	Monthly Payment	Maturity Date	Creditor Name	Creditor Phone
		\$-	\$-		\$-			
		\$-	\$-		\$-			
		\$-	\$-		\$-			
		\$-	\$-		\$-			
		\$-	\$-		\$-			
		\$-	\$-		\$-			
		\$-	\$-		\$-			
		\$-	\$-		\$-			
		\$-	\$-		\$-			
		\$-	\$-		\$-			

Signature

Date

The information contained in this schedule is a supplement to your balance sheet and should balance to the liabilities presented on that form.

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Personal Financial Statement

Only fill out this section if you have been asked to in advance or if you will be personally guaranteeing the loan

Guarantor <input style="width: 100px;" type="text"/> Date of Birth <input style="width: 100px;" type="text"/> Address <input style="width: 100%; height: 20px;" type="text"/> Home Telephone Number <input style="width: 100%; height: 20px;" type="text"/> Business or Occupation <input style="width: 100%; height: 20px;" type="text"/> Annual Income <input style="width: 100%; height: 20px;" type="text"/> Monthly Rent Payment (if applicable) \$ <input style="width: 100%; height: 20px;" type="text"/> List Contingent Liabilities: Type <input style="width: 100%; height: 20px;" type="text"/> Amount \$ <input style="width: 100%; height: 20px;" type="text"/> Type <input style="width: 100%; height: 20px;" type="text"/> Amount \$ <input style="width: 100%; height: 20px;" type="text"/> Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guarantor <input style="width: 100px;" type="text"/> Date of Birth <input style="width: 100px;" type="text"/> Address <input style="width: 100%; height: 20px;" type="text"/> Home Telephone Number <input style="width: 100%; height: 20px;" type="text"/> Business or Occupation <input style="width: 100%; height: 20px;" type="text"/> Annual Income <input style="width: 100%; height: 20px;" type="text"/> Monthly Rent Payment (if applicable) \$ <input style="width: 100%; height: 20px;" type="text"/> List Contingent Liabilities: Type <input style="width: 100%; height: 20px;" type="text"/> Amount \$ <input style="width: 100%; height: 20px;" type="text"/> Type <input style="width: 100%; height: 20px;" type="text"/> Amount \$ <input style="width: 100%; height: 20px;" type="text"/> Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No
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*Notice: Income from alimony, child support or separate maintenance payments need not be revealed if you do not choose to rely on such income in applying for credit.

Balance Sheet for Business (to be completed only if the applicant is a sole proprietor)			
As of Date:			
Business Assets	Balance	Business Liabilities	Balance
Cash in Banks		Accounts Payable	
Accounts Receivable		Short Term Notes	
Inventory		CMLTD	
Land and Building (Net)		Long Term Notes (Net of CMLTD)	
Machinery and Equipment			
Other		Other	
Total Assets (TA)		Total Liabilities (TL)	
		Net Worth (TA – TL)	

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Personal Financial Statement (Continued)

Personal Assets (excluding your business)			Personal Liabilities (excluding your business)	
Payment(s)			Balance	Mo. Payment(s)
Cash on hand and in financial institutions			Real Estate Mortgages Payable (see Schedule B)	
U.S. Government Securities (see Schedule A)			Automobile Loans	
Listed Securities (see Schedule A)			Credit Cards	
Unlisted Securities (see Schedule A)			Personal Credit Lines	
Accounts, Notes and Mortgages Receivable			Notes Payable to Others	
Real Estate Owned (see Schedule B)			Unpaid Income Taxes	
Automobiles and Other Personal Property			Other Unpaid Taxes and Interest	
Cash Value of Life Insurance (see Schedule C)			Other Debts (please itemize)	
Retirement Accounts (IRA, 401-K, etc.)				
Other Assets (please itemize)				
Total Liabilities				
Net Worth				
Total Assets			Total Liabilities and Net Worth	

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Personal Financial Statement (Continued)

Schedule of Securities Owned		Schedule A		
No. of Shares/Face Value (Bonds)	Description	In Name(s) of	Market Value	Pledged (Y/N)

Schedule of Real Estate Owned				Schedule B			
Location	Date Acquired	Titled In Name(s) of	Cost	Market Value	Mortgage Lender	Balance	Mo. Payments(s)

Life Insurance		Schedule C		
Face Amount	Issuing Company	Policy Owner	Cash Surrender Value	CSV Loans

Authorization to Check Credit and Financial Status

The undersigned hereby authorizes DEDA and any bureau or agency employed by the DEDA to obtain credit reports and to make whatever credit inquiries it deems necessary, including but not limited to verifying and checking the undersigned's employment history and credit history, in connection with the undersigned's personal financial statement or in the course of review or collection of any credit extended or maintained in reliance of this personal financial statement. The undersigned authorizes and instructs any person or credit reporting agency to compile and furnish to DEDA any information it may have or obtain in response to the credit inquiries authorized herein. The undersigned certifies that this personal financial statement and all other information furnished now or in the future to DEDA is and shall be true and complete.

Guarantor Date
 Guarantor Date

Social Security Number
 Social Security Number

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Application Fee Schedule

(Delaware Strategic Fund loan or grant)

FINANCING REQUESTED	APPLICATION FEE
Up to \$100,000	\$250
100,001 - 150,000	750
150,001 - 250,000	1,250
250,001 - 350,000	1,750
350,001 - 450,000	2,250
450,001 - 550,000	2,750
550,001 - 650,000	3,250
650,001 - 750,000	3,750
750,001 - 850,000	4,250
850,001 - 950,000	4,750
950,001 - 1,050,000	5,250
1,050,001 - 1,150,000	5,750
1,150,001 - 1,250,000	6,250
1,250,001 - 1,350,000	6,750
1,350,001 - 1,450,000	7,250
1,450,001 - 1,550,000	7,750
1,550,001 - 1,650,000	8,250
1,650,001 - 1,750,000	8,750
1,750,001 - 1,850,000	9,250
1,850,001 - 1,950,000	9,750
In excess of 1,950,000	10,000

Brownfields Assistance Program - \$250.00

Delaware Technical Innovation Program - \$250.00

*If applying for both a Strategic Fund loan and grant, each requires that a fee be paid per the request, unless otherwise waived by The Authority.

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Certifications to Applicants:

Certifications and Notarization to Applicants

CERTIFICATION -- Eligibility for financial assistance from the Delaware Economic Development Authority ("DEDA") is determined by the information presented in this application and in the required exhibits and attachments. Any change in the status of the proposed project from the facts presented herein could disqualify the project, including but not limited to, the commencement of construction or the acquisition of assets such as land or equipment. Please contact the staff of the Authority before taking any action which would change the status of the project as reported herein.

To the extent permitted by Delaware's Freedom of Information Act, all information contained in this application or obtained by the Authority in investigating or considering this application will be kept confidential, except for disclosure to the Council, to the staff and attorneys of the Authority and DEDA, and except for disclosures made at the public hearing of the Council and in any published notice of such hearing. If a loan is made for your project, confidentiality may also be affected by any information reporting and other requirements imposed on the Authority by the Internal Revenue Code.

I, the undersigned, being duly sworn upon my oath say:

1. The Applicant as listed on page 1 under "Legal Name of Applicant" is the recipient of the funds.
2. The Applicant hereby agrees, if this application is approved, to comply with all federal, state, and local laws affecting the grant to be issued and the operation of the proposed project. As part of this agreement, the Applicant agrees to use its best efforts in good faith to meet all employment projections set forth herein and to give the first opportunity of employment to qualified Delaware residents for all unskilled and semi-skilled workers employed by the applicant. The Applicant agrees to report to the Authority, no later than January 30 of the year following the start of its operation of the project, the total number of its unskilled and semi-skilled employees and the number of its unskilled and semi-skilled employees who were residents of Delaware at the time of their employment.
3. The Applicant hereby acknowledges and agrees that the Authority reserves the right to and may disclose any information contained in this application and its supporting documents to the Council on Development Finance (CDF), to the staff and attorneys of the Authority, at any public hearing held on this application by the CDF, in any published notice of such hearing, and that this application is subject to the Delaware Freedom of Information Act.
4. The Applicant hereby agrees that any officers, employees, agents or attorneys of the Authority or the Division of Small Business may have access to and copy any and all information in any form pertaining to Applicant, including, but not limited to, tax returns and information from tax returns as used in 30 Del. C. §368, in the custody of any State of Delaware, or other State, department, agency, instrumentality, division, office, board, bureau, council, commission, committee, panel or "public body," as that term is defined in the Delaware Freedom of Information Act, 29 Del. C. § 10002(a), including, but not limited to, the Departments of Finance, State, Labor, and Natural Resources and Environmental Control of the State of Delaware, the United States Environmental Protection Agency, the United States Department of Labor, the National Labor Relations Board or any other agency of the federal government having custody of information deemed pertinent by DEDA or the Division of Small Business staff or attorneys in evaluating Applicant's application for assistance.
5. This application, with all attachments & exhibits, is the product of diligent and reasonable investigation that I have either overseen or been personally involved.
6. I have carefully read this application, including all attachments and exhibits, and the information contained in this application, including all attachments and exhibits, is true, accurate and complete to the best of my information and belief.
7. I am a "high managerial agent" of the Applicant, as defined in Del. C. §284(b), and I am acting within the scope of my employment and in behalf of the Applicant.
8. I understand that if I have intentionally made a false statement in this application, or someone else has made a false statement herein that I know or believe to be false, I am subject to criminal prosecution. Further, the Authority, at its option, may terminate its financial assistance.
9. That the information reported herein is true, accurate and complete. I understand that these reports are made in support of claims for government funds.
10. I understand the Authority may also require the following:

A. Appraisals on real property and/or machinery and equipment. (Appraisers acceptable to the Authority).	E. Bank loan exception letters.
B. An environmental analysis - Phase I.	F. Financial information to be prepared by a CPA acceptable to the Authority.
C. Accounts receivable aging.	G. Additional information as determined by Authority staff.
D. Accounts payable aging.	

Name of Applicant (Business)

Signature of Representative of the Applicant

Title

Date