



City of Phoenix
Community & Economic
Development Department

EXPAND ASSISTANCE AND DEVELOPMENT PROGRAM (EXPAND) APPLICATION

For assistance, please call Small Business Financing at (602) 262-5040

COMPANY INFORMATION

BUSINESS NAME (hereinafter "Company")											FEDERAL TAX ID NUMBER		
COMPANY'S LEGAL STATUS:													
CORPORATION							WEB SITE ADDRESS:						
NAME OF PRINCIPAL IN CHARGE:							TITLE:						
PHONE:() -							FAX:() -						
E-MAIL ADDRESS:													
BUSINESS ADDRESS													
Number	Pre Dir	Street Name	St. Type	Post Dir	Floor #	Unit Type	Unit #	Rtg. #	Building Name	City	State	Zip Code	
ARE YOU CERTIFIED AS AN M/W/S/DBE WITH THE CITY OF PHOENIX? YES													
IF YES, PLEASE INDICATE YOUR CERTIFICATION AND THE EXPIRATION DATE FOR EACH:													
MINORITY-OWNED BUSINESS ENTERPRISE (MBE): <input type="checkbox"/>							WOMAN-OWNED BUSINESS ENTERPRISE (WBE): <input type="checkbox"/>						
EXPIRES:							EXPIRES:						
SMALL BUSINESS ENTERPRISE (SBE): <input type="checkbox"/>							DISADVANTAGED BUSINESS ENTERPRISE (DBE): <input type="checkbox"/>						
EXPIRES:							EXPIRES:						

LENDER INFORMATION

NAME OF LENDING INSTITUTION:													
LOAN OFFICER'S NAME:							TITLE:						
PHONE:() -							FAX:() -				EMAIL:		
ADDRESS:													
Number	Pre Dir	Street Name	St. Type	Post Dir	Floor #	Unit Type	Unit #	Rtg. #	Building Name	City	State	Zip Code	
										Phoenix	AZ		
LOAN AMOUNT:					LOAN TERM:					INTEREST RATE:			
EXPAND AMOUNT:							EXPAND TERM:						

BORROWING ENTITY

NAME OF BORROWER:													
TYPE OF ENTITY:													
<input type="checkbox"/> CORPORATION		NAME OF PRESIDENT:						NAME OF SECRETARY:					
<input type="checkbox"/> PARTNERSHIP				<input type="checkbox"/> HUSBAND AND WIFE				<input type="checkbox"/> SINGLE PRINCIPAL					

OWNER ONE

First	Last	M.I.	Suffix	Gender		% Ownership
				Female <input type="checkbox"/>	Male <input type="checkbox"/>	%
Race and Ethnicity						
American Indian or Alaska Native	<input type="checkbox"/>	Asian and White	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	
American Indian/Alaska Native and White	<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/>	White	<input type="checkbox"/>	
American Indian/Alaskan Native and Black or African American	<input type="checkbox"/>	Black African American	<input type="checkbox"/>	Other Multi-racial	<input type="checkbox"/>	
Asian	<input type="checkbox"/>	Black or African American and White	<input type="checkbox"/>	Also Hispanic	<input type="checkbox"/>	

OWNER TWO

First	Last	M.I.	Suffix	Gender		% Ownership
				Female <input type="checkbox"/>	Male <input type="checkbox"/>	%
Race and Ethnicity						
American Indian or Alaska Native	<input type="checkbox"/>	Asian and White		<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
American Indian/Alaska Native and White	<input type="checkbox"/>	Asian/Pacific Islander		<input type="checkbox"/>	White	<input type="checkbox"/>
American Indian/Alaskan Native and Black or African American	<input type="checkbox"/>	Black African American		<input type="checkbox"/>	Other Multi-racial	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Black or African American and White		<input type="checkbox"/>	Also Hispanic	<input type="checkbox"/>

OWNER THREE

First	Last	M.I.	Suffix	Gender		% Ownership
				Female <input type="checkbox"/>	Male <input type="checkbox"/>	%
Race and Ethnicity						
American Indian or Alaska Native	<input type="checkbox"/>	Asian and White		<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
American Indian/Alaska Native and White	<input type="checkbox"/>	Asian/Pacific Islander		<input type="checkbox"/>	White	<input type="checkbox"/>
American Indian/Alaskan Native and Black or African American	<input type="checkbox"/>	Black African American		<input type="checkbox"/>	Other Multi-racial	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Black or African American and White		<input type="checkbox"/>	Also Hispanic	<input type="checkbox"/>

OWNER FOUR

First	Last	M.I.	Suffix	Gender		% Ownership
				Female <input type="checkbox"/>	Male <input type="checkbox"/>	%
Race and Ethnicity						
American Indian or Alaska Native	<input type="checkbox"/>	Asian and White		<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
American Indian/Alaska Native and White	<input type="checkbox"/>	Asian/Pacific Islander		<input type="checkbox"/>	White	<input type="checkbox"/>
American Indian/Alaskan Native and Black or African American	<input type="checkbox"/>	Black African American		<input type="checkbox"/>	Other Multi-racial	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Black or African American and White		<input type="checkbox"/>	Also Hispanic	<input type="checkbox"/>

TOTAL % OF OWNERSHIP MUST EQUAL 100%

- HAVE YOU OR ANY OFFICER OF YOUR COMPANY EVER BEEN INVOLVED IN A BANKRUPTCY OR INSOLVENCY PROCEEDINGS?
YESNO

IF YES, PROVIDE DETAILS ON SEPARATE SHEET AND ATTACH TO THIS APPLICATION.

- ARE YOU OR YOUR BUSINESS INVOLVED IN ANY PENDING LAWSUITS?
YESNO

IF YES, PROVIDE DETAILS ON SEPARATE SHEET AND ATTACH TO THIS APPLICATION.

HISTORY AND NATURE OF YOUR BUSINESS

BRIEFLY DESCRIBE YOUR BUSINESS AND CLIENTELE.	
HOW LONG HAVE YOU OWNED OR BEEN IN CONTROL OF THE BUSINESS?	
WHAT PRODUCTS OR SERVICES DO YOU SELL? (ATTACH ANY CATALOGS OR BROCHURES)	
HOW DO YOU MARKET YOUR PRODUCT OR SERVICE? (I.E., TYPE OF ADVERTISING, DIRECT MAIL, OUTSIDE SALESMEN, ETC.)	
WHAT IS THE SIZE (SQ. FT.) AND DESCRIPTION OF YOUR CURRENT FACILITY?	
DO YOU OWN OR LEASE?OWN	
IF LEASING, PLEASE ATTACH A COPY OF YOUR LEASE.	
DO YOU HAVE ANY AFFILIATE AND/OR SUBSIDIARY FIRMS WITH A 20% OR GREATER INTEREST IN YOUR COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE PROVIDE THE LAST FISCAL YEAR END FINANCIAL STATEMENTS AND TAX RETURNS FOR THEM.	
NAMES OF AFFILIATES AND/OR SUBSIDIARIES	RELATIONSHIP
IS YOUR BUSINESS A FRANCHISE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, ATTACH A COPY OF THE FRANCHISE AGREEMENT AND THE FRANCHISOR'S FTC DISCLOSURE STATEMENT.	

EXPECTED BENEFITS FROM THE LOAN

HOW WILL THE FINANCING YOU ARE SEEKING HELP YOUR BUSINESS? (INCREASE REVENUES, ADD NEW PRODUCTS/SERVICES, IMPROVE EFFICIENCY, WORKING CAPITAL, ETC.; BE SPECIFIC)

WHAT WILL BE THE SIZE (SQ. FT.) AND DESCRIPTION OF YOUR NEW (OR ENLARGED) FACILITY?

WHAT TYPE OF EQUIPMENT, INVENTORY OR OTHER ASSETS WILL BE ACQUIRED WITH THE PROCEEDINGS OF THE FINANCING BE REQUESTED?

EXPECTED BENEFITS FROM THE LOAN CONTINUED

PLEASE ITEMIZE THE USE OF FINANCING PROCEEDS BELOW:

Land Acquisition	\$ _____
Land Improvements	\$ _____
Purchase and/or Remodel Bldg.	\$ _____
New Construction	\$ _____
Purchase Machinery and Equipment	\$ _____
Purchase Furniture and Fixtures	\$ _____
Working Capital	\$ _____
Other (contingencies)	\$ _____
Total	\$ _____

DO ANY OF YOUR PROJECT COSTS INCLUDE REFINANCING OF EXISTING DEBT?

YES NO

IF YES, WHAT AMOUNT WILL BE USED FOR REFINANCING? \$ _____

SOURCE OF YOUR REQUIRED 10% INJECTION:

CASH: \$ _____

OTHER PLEDGED ASSETS: \$ _____

OTHER: \$ _____

DESCRIPTION OF PLEDGED ASSETS OTHER THAN CASH:

JOB CREATION REQUIREMENT

HOW MANY EMPLOYEES DOES YOUR COMPANY CURRENTLY EMPLOY?

PLEASE LIST THE NUMBER OF NEW EMPLOYEES ANTICIPATED AS A RESULT OF THIS PROJECT, WITHIN THE NEXT TWO YEARS:

# OF NEW EMPLOYEES	JOB TITLE AND DUTIES	WAGE RANGE	BENEFITS TO BE PROVIDED (MEDICAL, DENTAL, VACATION/SICK LEAVE, ETC.)	% OF LOCAL HIRES (NEIGHBORING AREAS)

WHAT PERCENTAGE OF THESE JOB OPPORTUNITIES WILL BE MADE AVAILABLE TO, FILLED BY, LOW AND/OR MODERATE INCOME INDIVIDUALS?

(NOTE: MUST BE AT LEAST 51%)

NOTE:
 A MINIMUM OF ONE (1) JOB PER \$35,000 OF EXPAND COLLATERAL ASSISTANCE IS TARGETED WITHIN TWO (2) YEARS OF LOAN CLOSING!
 HIRING OF LOCAL AND/OR ENTERPRISE ZONE RESIDENTS IS HIGHLY ENCOURAGED.

PRIOR BORROWING AND DEBT SCHEDULE

PLEASE DOCUMENT ANY PREVIOUS GOVERNMENT FINANCING WHETHER OUTSTANDING OR PAID BY ANY PRINCIPALS OR AFFILIATES (INCLUDING SBA) DURING THE LAST SEVEN (7) YEARS. USE THE BACK OF THE PAGE FOR ADDITIONAL ENTRIES, IF NECESSARY. IF NOT APPLICABLE, INITIAL HERE: _____.

NAME OF AGENCY: _____ ORIGINAL AMOUNT:\$ _____ DATE OF REQUEST: _____ APPROVED: _____ DECLINED: _____ THE OUTSTANDING BALANCE:\$ _____ STATUS: _____	NAME OF AGENCY: _____ ORIGINAL AMOUNT:\$ _____ DATE OF REQUEST: _____ APPROVED: _____ DECLINED: _____ THE OUTSTANDING BALANCE:\$ _____ STATUS: _____
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DEBT SCHEDULE
DATE: *

CREDITOR NAME/ADDRESS	ORIGINAL AMOUNT	ORIGINAL DATE	PRESENT BALANCE	INT.RATE	MATURITY DATE	MONTHLY PAYMENT	SECURITY	CURRENT OR DELINQUENT
TOTAL PRESENT BALANCE**				TOTAL MONTHLY PAYMENT				

*SHOULD BE THE SAME DATE AS CURRENT FINANCIAL STATEMENT.
 **TOTAL SHOULD CORRESPOND WITH BALANCE SHOWN ON CURRENT FINANCIAL STATEMENT.

BUSINESS ACKNOWLEDGMENTS

I understand that this application has been prepared solely for the purpose of determining my eligibility for the City of Phoenix Expansions Assistance and Development Program. I further understand that any false statements or misrepresentations made on this application are cause for rejection of this application and prohibition of myself or my business from participation in this or any other programs offered by the City of Phoenix.

I also acknowledge that any discussions with or any information given to any City of Phoenix employee regarding this application for the Expansion Assistance and Development Program, prior to the receipt of a formal, authorized commitment letter from the City of Phoenix committing a specific amount of funds to the project, is only for program information and may not be considered a binding commitment on the part of the City of Phoenix to provide funds or technical assistance to the project.

I acknowledge that any costs incurred prior to receipt of a formal, authorized commitment letter from the City of Phoenix committing a specific amount of funds to the project is at the risk and expense of the applicant

AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I hereby authorize the City of Phoenix to obtain and/or furnish and release to/from all proper institutions information pertaining to this application for assistance and subsequent project participation, if applicable.

APPLICANT SIGNATURE AND TITLE

APPLICATION DATE

Please return your completed application with all required attachments and a non-refundable application fee of \$100.00 to:

Phoenix Community Development Department
Small Business Financing
200 West Washington, 20th Floor
Phoenix, AZ 85003
602-534-262-5040
602-495-5097 (fax)

Last Revision: December 3, 2004