

CITY OF WISHEK JOB DEVELOPMENT AUTHORITY

FUNDING APPLICATION

Applicant Name(s):

Mailing Address:

Telephone:

Email:

Physical Address of Business:

Name of Business:

SECTION 1. (complete if a new business startup)

Start date of new business:

Description of business services or products:

Indicate what type of funding you are requesting: (you may select more than one type)

Inventory Purchase

Operating Expenses

Signage/Marketing

Property Acquisition

Equipment Purchase

Property Improvements

Other (describe)

Total amount of funding requested:

On a separate sheet, provide complete description of how requested funds will be used and attach any invoices for purchases already made or estimates for planned expenditures provided by vendor or contractor.

Employees/Staffing

Year 1

Year 2

Total number of staff (include owner)		
Estimated staffing hours per week		

Projected Operating Expenses

Year 1

Year 2

Payroll (including benefits/taxes)		
Rent/Mortgage		
Utilities		
Insurance (health, liability, property)		
Sales taxes		
Property taxes		
Business acquisition loan payments		
Supplies required for operating business		
Inventory of goods to be sold		
Other (describe)		

Projected Profit/Loss

Year 1

Year 2

Gross Sales		
Cost of Goods Sold (COGS)		
Gross Profit/Loss (sales minus COGS)		

SECTION 2. (complete if an existing business)

Description of business services or products: _____

Indicate what type of funding you are requesting: (you may select more than one type)

- Inventory Purchase
- Property Acquisition
- Business Purchase
- Operating Expansion
- Equipment Purchase
- Other
- Signage/Marketing
- Property Improvements

Total amount of funding requested:

On a separate sheet, provide complete description of how funds will be used and attach any invoices for purchases already made or estimates for planned expenditures including purchase agreements.

Employees/Staffing

	Current	To be Added
Total number of staff (include owner)		
Estimated staffing hours per week		

PRINT AND SIGN APPLICATION

This application is considered public record. While it will not be published or displayed, it is available for review by anyone who asks for it and JDA may request additional information as required to make a final funding determination.

Applicant Signature: _____ Date _____

Applicant Signature: _____ Date _____

WISHEK JOB DEVELOPMENT AUTHORITY

Refundable Loan Staffing Report

Instructions: Please provide information on your current and planned employees when applying for new funding or requesting a refund of payments on the anniversary date of your loan.

Name of Business:

Today's Date:

Date Loan Proceeds Received or Requested:

Amount of Loan:

Name of Staff Person	Employment Start Date	Total Hours Paid Past 12 months	Currently Employed (y/n)	Employment End Date

Your signature below attests that all information included is true, accurate and subject to independent audit at the discretion of the JDA Board of Directors. Falsifying this information may result in full loan balance to be due in full.

Applicant Signature:

Date