

**INTERNAL USE ONLY**

Date Received \_\_\_\_\_  
Date of Committee Review \_\_\_\_\_

Application No. \_\_\_\_\_  
Application Officer \_\_\_\_\_

**KENT COUNTY  
RECOVERY ZONE FACILITY BONDS  
PURSUANT TO THE AMERICAN RECOVERY AND  
REINVESTMENT ACT OF 2009 (“ARRA”)  
APPLICATION FOR ASSISTANCE**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer’s ID Number

This information is necessary to process a request for assistance. Fill in all the blanks, using “NONE” or “NOT APPLICABLE” where necessary. If more space is needed to answer any specific question, use a separate sheet. Return **ONE ORIGINAL AND FOUR COMPLETE COPIES** of this application to Kent County Levy Court, 555 Bay Road, Room 214, Dover, Delaware, 19901-3615. Attachments Required.

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

- A. Cover Letter- please enclose a letter describing (I) brief history and description of the applicant’s business; (II) a description of the project to be undertaken; and (III) the benefits the project occupant will receive if the loan is approved; include statement that the project is within the Recovery Zone.
- B. Financial Information- please attach the following on separate sheets:
  - (i) Balance sheet for applicant and/or projects user(s) for the most recent fiscal year.
  - (ii) Profit and Loss Statement for the past three fiscal years and for as much of the current year as is available.
  - (iii) Projected revenues (estimated profit and loss statement) for at least two full years after project loan is approved.
- C. Job Description. Please provide a description of the specific occupational titles that correspond to the new jobs to be created as a result of the County financing, together with estimated annual wages to be paid for each title. Please be specific (i.e., 3 crane operators @ \$10,000 per year; 4 lathe operators @ \$7,800 per year; 10 supervisory personnel @ \$12,000 per year; etc.) Identify hours per week and the number of weeks per year for each job.
- D. Copy of all lease agreements with tenants or proposed tenants, if applicable.
- E. Copy of commitment letter(s) from lender(s).

I. General Information about Applicant

A. Name:

Street:

City:

County:

State and Zip Code:

Telephone:

Nature of Business:

Name, address and telephone number of person to contact concerning this application:

B. Business Organization (check one)

Corporation \_\_\_\_\_; Date and State of Incorporation \_\_\_\_\_

Partnership \_\_\_\_\_; Date and State In which organized \_\_\_\_\_

Sole Proprietorship \_\_\_\_\_

Joint Tenants \_\_\_\_\_

C. Management

List all owners, officers and directors of the applicant. If the applicant is a publicly held corporation, please provide the latest proxy statement indicating stock ownership. (Use separate page, if necessary)

<u>NAME</u>	<u>HOME ADDRESS &amp; ZIP CODE</u>	<u>OFFICE</u>	<u>%OWNERSHIP</u>
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D. “Related Persons”

In order to respond to the following questions it is necessary to have certain information about the applicant and certain persons and/or entities which are “related persons.”

To assist in determining the relevant “related persons”, please indicate below whether the applicant (and/or any of the applicant’s brothers, sisters, spouse, ancestors or lineal descendants) is an owner, a subsidiary or direct or indirect affiliate of any organization, trust or other entity which owns or occupies any business property in Kent County. If so, give the name of the related entity and describe the relationship to the applicant.

Also, list any other business organization in which the applicant is an officer or with which the applicant is otherwise associated.

- E. Have any of the parties identified above in this item I, within the past five years, been a party in litigation involving laws governing hours or labor, minimum wage standards, discrimination in wages, for child labor?

Yes  No      If yes, furnish details in a separate attachment.

- F. Have any of the parties identified above in this item I ever been charged with or convicted of any criminal offense other than a minor motor vehicle violation?

Yes  No      If yes, furnish details in a separate attachment.

- G. Are any of the parties identified above in this item I now a plaintiff or defendant in any civil or criminal litigation?

Yes  No      If yes, furnish details in a separate attachment

- H. Have any of the parties identified above in this item I been subject to any disciplinary action, past or pending, by an administrative, governmental or regulatory body?

Yes  No      If yes, furnish details in a separate attachment.

- I. Have any of the parties identified above in this item I been or are any now subject to any order resulting from any criminal, civil or administrative proceedings brought against them by any administrative, governmental or regulatory agency?

Yes  No      If yes, furnish details in a separate attachment.

- J. Have any of the parties identified above in this item I been denied any license by any

administrative, governmental or regulatory agency on the grounds of moral turpitude?

\_\_\_\_ Yes \_\_\_\_ No            If yes, furnish details in a separate attachment.

K.    Have any of the parties identified above in this item I been informed of any current or ongoing investigation with respect to possible violations of state or federal securities or anti-trust laws?

\_\_\_\_ Yes \_\_\_\_ No            If yes, furnish details in a separate attachment.

L.    Have any of the parties identified above in this item I ever been in receivership or been adjudicated a bankrupt?

\_\_\_\_ Yes \_\_\_\_ No            If yes, furnish details in a separate attachment.

M.    Have any of the parties identified above in this time I ever been denied a business-related license or had it suspended or revoked by any administrative, governmental, or regulatory agency?

\_\_\_\_ Yes \_\_\_\_ No            If yes, furnish details in a separate attachment.

N.    Have any of the parties identified above in this item I ever been debarred, suspended, or disqualified from contracting with any federal, state or municipal agency?

\_\_\_\_ Yes \_\_\_\_ No            If yes, furnish details in a separate attachment.

O.    Do any of the parties identified above in this item I have delinquent taxes or outstanding fees or charges owing to any jurisdiction in the State of Delaware? If so, please itemize by year and jurisdiction (on a separate sheet if necessary).

P.    1.    Name, address and telephone number of counsel to applicant:

2.    Name, address and telephone number of accountant to applicant:

3. Name and address of principal bank (s) of account:
  
  
  
  
  
  
  
  
  
  
4. Name and address of probable lender (s) for this project;  
loan officer and telephone number:

II. Project Description

A. Summary: Please provide a brief narrative description of the project:

B. Location of Proposed Project (Street Address):

- (a) What is the permanent parcel number of the project location?  
Please enclose a photograph of the project site and/or project and plot plans if available.

C. Project Site (Land)

Note: Proceeds of Recovery Zone Facility Bonds cannot be used to finance land.

1. Indicate approximate size (in acres or square feet) of project site.

2. Are there buildings now on the project site?

\_\_\_\_\_ Yes \_\_\_\_\_ No

3. Indicate in detail the present use of the project site.

4. Indicate present owner of project site.
5. If applicant now owns project site, indicate:
- a. date of purchase \_\_\_\_\_
  - b. purchase price \_\_\_\_\_
  - c. balance of existing mortgage \_\_\_\_\_
  - d. holder of mortgage \_\_\_\_\_
6. If the applicant is not now the owner of the project site, does applicant have an option to purchase the site and any buildings on the site?
- \_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, please attach a copy of the contract.
7. Has the applicant entered into a contract to purchase the site?
- \_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, please furnish copy.
8. If the applicant is not the owner of project site, does the applicant now lease the site or any buildings on the site?
- \_\_\_\_\_ Yes \_\_\_\_\_ No
9. Is there any relationship between the applicant and the seller of any part of the project facilities?
- \_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, describe this relationship using an attachment, if necessary.

D. Buildings

1. Does the project involve acquisition of an existing building or buildings?
- \_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, indicate number and size of buildings in number of stories and square feet per story.

2. Does the project consist of the construction of a new building or buildings?  
\_\_\_\_\_Yes \_\_\_\_\_No      If yes, indicate number and size of buildings in number of stories and square feet per story.
3. Does the building consist of addition and/or renovations to existing buildings?  
\_\_\_\_\_Yes \_\_\_\_\_No      If yes, indicate nature of expansion and/or renovation.
4. Describe in detail the principal use (s) by the applicant of the building (s) to be acquired, constructed, expanded or renovated. (Attach a separate sheet if necessary)
5. Zoning and Infrastructure
- a. Do proposed uses of the project comply with all governmental zoning and subdivision regulations?  
\_\_\_\_\_Yes \_\_\_\_\_No      If no, explain action to be taken to comply.
- b. Is there adequate capacity for utilities, sewage, and drainage available to site?  
\_\_\_\_\_Yes \_\_\_\_\_No      Describe any special needs and action to be taken to provide for such needs.
- c. Does the project meet all related Federal, State or Municipal regulations? If appropriate, please document clearances.

E. Construction Status

Has construction work on this project begun?

\_\_\_\_\_Yes \_\_\_\_\_No If yes, complete the following:

- |    |                        |           |          |                  |
|----|------------------------|-----------|----------|------------------|
| a. | site clearance         | yes _____ | no _____ | % complete _____ |
| b. | foundation             | yes _____ | no _____ | % complete _____ |
| c. | footing                | yes _____ | no _____ | % complete _____ |
| d. | steel                  | yes _____ | no _____ | % complete _____ |
| e. | masonry work           | yes _____ | no _____ | % complete _____ |
| f. | other (describe below) |           |          |                  |

F. Equipment

1. Describe in detail the principal uses by the project occupant of the machinery or equipment to be acquired. Attach separate sheet if needed.

2. Has any of the above equipment been ordered?

\_\_\_\_\_Yes \_\_\_\_\_No If yes, please indicate:

- |    |                     |       |
|----|---------------------|-------|
| a. | date ordered        | _____ |
| b. | prices              | _____ |
| c. | date to be received | _____ |

3. Has any of the above equipment been purchased?

\_\_\_\_\_Yes \_\_\_\_\_No If yes, please indicate:

- |    |                     |       |
|----|---------------------|-------|
| a. | date ordered        | _____ |
| b. | prices              | _____ |
| c. | date to be received | _____ |

III. Qualification of Bonds for Tax Exempt Status

Please check A or B or C below, whichever is applicable:

A. Location in the Recovery Zone

Provide a map demonstrating the project will be located in the Recovery Zone as designated by Kent County.

B. Nonqualified Businesses

Check if the project includes any of the following business activities:

1. \_\_\_\_\_ Residential rental property
2. \_\_\_\_\_ Gambling
3. \_\_\_\_\_ County clubs
4. \_\_\_\_\_ Massage parlors
5. \_\_\_\_\_ Hot tub facilities
6. \_\_\_\_\_ Sun tan facilities
7. \_\_\_\_\_ Racetracks
8. \_\_\_\_\_ Golf courses

C. Project Costs Proposed to be Financed

Check all of the following that apply

- \_\_\_\_\_ New Construction
- \_\_\_\_\_ Renovation of existing building
- \_\_\_\_\_ New equipment
- \_\_\_\_\_ Used equipment transferred into Recovery Zone
- \_\_\_\_\_ Acquisition of existing building with substantial rehabilitation (100% of adjusted basis)

D. Other Applications for Tax Exempt Financing

Has the applicant applied to any other governmental authority for the issuance of tax exempt bonds for this project? If yes, please specify the governmental authority, the purpose of the application and the current status of the application.

IV. Public Benefits of the Project

A. Indicate facts which would support the County in determining that the project would:

1. Tend to maintain or provide gainful employment opportunities within and for the people of the County--
  
2. Aid, assist and encourage the economic development or redevelopment of the County--
  
3. Maintain, diversify or expand employment promoting enterprises within the County--

B. Employment Impact

1. Indicate below the number of people presently employed by the applicant at the site of the project, and the number that will be employed by the applicant at the end of the first and second years after the completion of the acquisition and/or construction of the project (excluding construction workers).

	(a)	(b)	(c)	(d)
Type of Employment	On Site at present Full time <u>Part time</u>	First Year Full time <u>Part time</u>	Second Year Full time <u>Part time</u>	Presently Existing Jobs That Will Be Eliminated In County If Project Is Not Carried <u>Out</u>

(a):

Professional

Managerial

Technical

(b):

Skilled

(c)

Unskilled

Semi-skilled

Totals:

It will be an event of default under the bond transaction documents (i.e. the applicant will have to repay the entire outstanding loan associated with the bond financing and refinance at taxable interest rates) if the applicant does not substantially meet the new employment projections made here. The applicant will be required to submit reports to the County 6 months, 1 year and 2 years after the completion of the acquisition and/or construction of the project as to the status of employment related to the project.

- 2. Indicate the number of employees presently employed by the applicant in Kent County other than at the proposed project site:

Employment Location

Number of Employees

- 3. Will the proposed project result in the reduction of employment at any of the locations referred to in Item IV.B.2 above?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please indicate below the number of jobs to be reduced at each location if such jobs will be transferred to the new project site.

Employment Location

Number of Employees

- 4. Construction Employment: Please estimate the number of construction workers to be employed during the construction or renovation phase of the project: construction jobs.

V. Project Cost

- A. State in column (a) below estimates of the costs reasonably necessary for the acquisition and/or construction of the proposed project together with any machinery and equipment to be acquired in connection therewith, and including utilities, access roads, or appurtenant facilities, using the categories indicated below or such other categories as you deem appropriate.

In column (b) indicate the costs associated with the project which are not eligible for bond financing. Land cannot be financed or reimbursed with bond proceeds. Other property which has already been purchased or which the applicant has a contractual obligation to purchase which is not contingent on tax exempt financing can not be paid for or reimbursed out of bond proceeds. All legal, accounting and other professional fees associated with applying for County bond financing and effecting the closing on the bond transaction are eligible costs. In the case of a construction project, all architectural, engineering, legal and accounting fees associated with planning the project are also eligible costs even if paid or incurred prior to County approval of this application.

However, in the case of a construction project, if, prior to County’s approval of this application, construction work is performed which is specifically designed for this project (e.g., foundations are constructed), none of the planning or construction costs associated with the project which are incurred by the applicant prior to County’s approval can be paid for or reimbursed out of bond proceeds. Other ineligible costs include working capital, inventory, work in process and amounts used to repay an existing loan.

1. <u>Description of Cost</u>	(a) <u>Eligible Project Costs</u>	(b) <u>Project Costs Not Eligible For Bond Financing</u>
Land (Purchase) or	\$ _____	\$ _____
Buildings (Purchase)	\$ _____	\$ _____
Buildings (Construction)	\$ _____	\$ _____

Buildings (Renovation)	\$ _____	\$ _____
Equipment, machinery, utilities, roads, and appurtenant facilities	\$ _____	\$ _____
Engineering and/or architectural fees	\$ _____	\$ _____
* Legal Fees (including bond counsel fees)	\$ _____	\$ _____
Financial charges	\$ _____	\$ _____
Construction period interest	\$ _____	\$ _____
Contingency	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
Fee to County (1/2 of 1% of requested financing)	\$ _____	\$ _____
Total Estimated Costs	\$ _____	\$ _____
Total of columns (a) and (b)		\$ _____

2. Equity contribution, if any \$ \_\_\_\_\_
3. Revenue Bond financing requested: \$ \_\_\_\_\_

B. Have any of the expenditures listed in Column (a) above already been paid or incurred by the applicant?

\_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, explain.

- Estimates of bond counsel and other legal fees can be obtained from the Program Analyst.

Note: Eligibility for financial assistance by Kent County is determined by the information presented in this application and required attachments. The information contained herein shall be deemed continuing representations, and any material change affecting the truth or accuracy of such information must be reported to the Kent County Levy Court.

CERTIFICATION: I hereby represent and certify that the foregoing information, to the best of my knowledge, is true and complete and accurately and fairly describes the proposed project for which financial assistance is required. I further understand that if the County approves this application, I will be responsible for the fees and expenses of Bond Counsel in connection with this application and the revenue bond financing it contemplates.

IN WITNESS WHEREOF, the undersigned being duly authorized so to do have signed this application.

(Corporation)

\_\_\_\_\_  
Corporate Name

By: \_\_\_\_\_  
President

ATTEST: \_\_\_\_\_  
Secretary

(Partnership)

\_\_\_\_\_  
Name

By: \_\_\_\_\_  
Partner

WITNESS: \_\_\_\_\_

\_\_\_\_\_

(Individual)

\_\_\_\_\_  
Business Name

By: \_\_\_\_\_

WITNESS: \_\_\_\_\_

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200

\_\_\_\_\_  
Notary Public