

New Castle County Corridor Revitalization Fund Checklist & Application

Items Required to Complete NCCCRF Application:

We Do Not Accept Originals – Please Provide Copies Only!

1. NCCCRF Application: Information regarding your business request.
2. Summary of Financing Needs: How much money do you need? How will the money be used? Please list purpose(s) and corresponding dollar amount(s).
3. Scope of Work or Estimate for proposed construction/renovations.
4. Resumes or description of management experience and expertise: For owners and for any key persons responsible for business operations.
5. Licenses: City/State required business license.
6. Insurances: Copies of insurance policies/evidence of coverage: Property Insurance, Liability Insurance
7. Organizational Documents: Copies of Articles of Incorporation and Bylaws (corps); Copy of certificate of Formation (LLC); Operating Agreements; Certificates of Incorporation; EIN documents.
8. Site Control: Proof of property ownership, valid lease, or letter of intent.
9. Proof of other funds: - Owner's equity, recent expenditures, debt, other grants. Proof can take the form of receipts, recent bank statements, copies of reservations or letters of commitment from other sources that are being "matched" as part of the overall project.

Send all information to: True Access Capital (TAC), Attention: David Ortiz, 100 West 10th Street, Suite 300, Wilmington, DE 19801 or by email to dortiz@trueaccesscapital.org.

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REQUESTED AMOUNT _____

Individual Information

| | | |
|--------------------|----------|--|
| Applicant Name: | Phone #: | Birth Date: |
| Home Address: | | Previous Address (if less than 2 years): |
| Email: | | |
| Co-Applicant Name: | Phone #: | Birth Date: |
| Home Address: | | Previous Address (if less than 2 years): |
| Email: | | |

Business Information:

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|---|---|
| Name of Business: | Date Business was Established: |
| Business Address: | Business Phone #: |
| | Business Fax: |
| | Business Email: |
| Type of Business (SIC): | EIN (Tax ID#): |
| Legal Structure: (circle one) C-Corp S-Corp LLC Partnership Sole Proprietorship | |
| Number of employees: | Number of employees if grant is approved: |
| Business Income This Year: \$ | Business Income Last Year: \$ |

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| Owners/Investors & Management of Applicant Information | | | Optional Information | |
|--|----------|---------|----------------------|---------|
| Name/Title: | Address: | % Owned | *Race | *Gender |
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| | | | | |

| SOURCES & USES | | | | |
|--------------------------------------|--|----------------|------|-------|
| Uses | New Castle County Corridor Revitalization Fund | Owner's Equity | Debt | Total |
| Façade Improvements | | | | |
| Streetscape & Landscape Improvements | | | | |
| Interior Improvements | | | | |
| Other | | | | |
| TOTAL | | | | |

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| Initials |
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I attest that if I receive funding from the NCCCRF it will be used for the business purposes specified in is the application and not for personal use.

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| Initials |
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I attest that to the best of my knowledge all of the information on this application is true. I authorize TAC to investigate and verify the above information. I understand that TAC will keep this application whether or not I receive a grant. I will make myself available to respond to any questions that may arise from this application.

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| Initials |
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I give my consent for True Access Capital and Claymont Renaissance Development Corporation to publicize this grant, which includes the use of my image, in the media, as part of marketing and public relations.

I agree to comply with all federal, state and local laws and regulations to the extent applicable. This authorization shall be a continuing authorization during the application process and during the entire period that I/we may have a grant, or any form of indebtedness to True Access Capital its' Affiliates or assigns. My signature below assures and warrants the information contained herein as accurate and complete and that I have not willfully or knowingly omitted any information critical to this application.

Applicant's Signature: _____

Date: _____

Co-Applicant's Signature: _____

Date: _____

True Access Capital realizes that our customers entrust us with personal information and it is our policy to maintain our customers' information in a confidential manner. This institution is an equal opportunity provider, and employer.