



FOR INTERNAL USE ONLY	
Date Approved/Denied	Date of Funding
BND Loan Number	

1-26

APPLICATION FOR ASSISTANCE

Please complete and return to: Stark Development Corporation, 103 1ST Ave. West, Suite 101, Dickinson, ND 58601 or team@starkdev.com. For more information, call (701) 225-5997. Applications will be reviewed at Stark Development Corporation’s Board of Directors Meetings. **Meetings are the third Tuesday of every month; applications must be submitted 10 days prior.** A representative must attend the meeting, or the application will be tabled.

TYPE OF FUNDING REQUESTED

<input type="checkbox"/> PACE Loan	<input type="checkbox"/> Flex PACE Loan	<input type="checkbox"/> Child Care Program Forgivable Loan	<input type="checkbox"/> Development Grant
<input type="checkbox"/> Other (please describe)			

BUSINESS INFORMATION

Business Name					
Business Mailing Address			City	State	ZIP Code
Project Address			City	State	Zip Code
Parent Company (if any)					
Street Address			City	State	ZIP Code
Date Business Established	Federal Tax ID #		Contact Person		
Ownership Structure			Title		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Public Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other (please describe)			Phone Number		
			Email Address		
List the names and addresses of individuals or shareholders of this business (if additional lines are needed, please attach additional page)					
Owner or Shareholder	Address	City	State	ZIP Code	Phone Number
Business Description (attach additional sheets, if necessary)					
Current Employment, Wages, Benefits and Compensation					
<small>¹Wage includes wages, salary, bonuses and commissions.</small>					
<small>²Benefits include health, disability, life and retirement benefits or insurance premiums paid by the employer; an employee’s share of payroll taxes paid by the employer; and other fringe benefits such as housing allowance and transportation expense.</small>					
Current Number Employees		Average Hourly Wage¹		Average Hourly Benefits²	
Projected Employment Growth		Average Hourly Wage¹		Average Hourly Benefits²	
Is your business currently a member of Stark Development Corporation?			Is the Small Business Development Center involved in this project?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

PROJECT AND FINANCIAL INFORMATION

Project Description (attach additional sheets, if necessary)

Total Project Cost	Owner's Equity	Estimated Project Completion Date
Amount of SDC Funds Requested	Term of Loan (if applicable)	Term of Buydown (if applicable)

Source and Use of Funds (list all funding sources for the project and project costs, totals for both columns should match)

Source of Funds (list all funding sources for the project)	Uses of Funds (list all project cost)
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
Total Source of Funds \$	Total Uses of Funds \$

How will this project benefit the community?

Assist community development
 Increase tax base
 Create employment opportunities
 Job retention
 Other (please describe)

Financial Institution	Contact Person
Phone Number	Email Address
Accountant Firm	Contact Person
Phone Number	Email Address
Attorney Firm	Contact Person
Phone Number	Email Address

DOCUMENTS REQUIRED WITH APPLICATION

If PACE or Flex PACE include Bank of ND Exhibit A payment schedule with proposed loan and interest buydown totals
 Additional Project Information as Requested
 If Child Care Program include a letter of support from Stark County Child Care Licensor indicating level of childcare license to be obtained

Be advised as per North Dakota open records law that applications may be released to the public if requested except for portions subject to N.D.C.C. § 44-04-18.4 pertaining to confidentiality of trade secret, proprietary, commercial, and financial information. By submitting this application, you will be required to enter a business incentive agreement with Stark Development Corporation following the approval of your request. The undersigned says applicant is duly authorized to verify the foregoing application, that applicant has read the same and is familiar with the statement contained herein and that the same are true in substance and in fact. Stark Development Corporation reserves the right to use the project in published reports and/or articles as an example of a Stark Development Corporation funded project.

APPLICANT SIGNATURE

Applicant Signature	Applicant Printed Name	Date
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Financial institution, by signing below, hereby certifies that is has reviewed the relevant project and company documentation and plans to participate in the Applicant's loan. If Financial Institution receives notice of any information reflecting a material change in the information reviewed, it agrees to notify Stark Development Corporation of the same.

FINANCIAL INSTITUTION SIGNATURE

Financial Institution Signature	Financial Institution Printed Name	Date
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