



**PLEASE SUBMIT PRINTED, COMPLETED, AND SIGNED APPLICATION TO:**

**Mail or Drop Off:**

**Norfolk Economic Development**

**Attn: Capital Access Admin**

**999 Waterside Drive Ste. 2430**

**Norfolk, VA 23505**

**For General Inquires Please Email [capitalaccessprograminfo@norfolk.gov](mailto:capitalaccessprograminfo@norfolk.gov)**

**Or call: 757 – 664 -4338**

**FOR PRIVACY AND SAFETY PLEASE DO NOT SUBMIT  
APPLICATIONS OR OTHER REQUIRED DOCUMENTS  
ELECTRONICALLY**

**Please email for general inquiries and questions only  
Emailed applications will NOT be accepted**

- Application must be *completely filled* in for consideration.
- Where applicable, please indicate N/A.
- Please submit remaining documents with completed application

# City of Norfolk Capital Access Program Application

Department of Economic Development  
999 Waterside Drive, Suite 2430, Norfolk, VA 23510  
Phone: (757) -664-4338 Fax: 757-441-2910

## CAPITAL REQUEST

Amount Requested:		
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What will funds be used for:

## BUSINESS APPLICANT/CO-SIGNER INFORMATION

Company Name:	Federal Tax ID:
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Type of Business:
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Applicant is: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Not incorporated
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State of Organization:	Number Years in Business:	# Employees:
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Business Address:	City:	State:	Zip:
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Phone Number:	Website Address:
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Principal Applicant Name:	Title:
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Principal Phone Number:	Fax:	Email:
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## PROJECT INFORMATION

Project Description:
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## REFERENCES

Bank Name:	Account Officer:
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Phone Number:	Email Address:
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Secondary Bank Name:	Account Officer:
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Phone Number:	Email Address:
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Accountant:	Firm Name:
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Phone Number:	Email Address:
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Attorney:	Firm Name:
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Phone Number:	Email Address:
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<b>COMPANY OWNERSHIP</b>			
Name:	Title:	% of Ownership:	
Name:	Title:	% of Ownership:	
Name:	Title:	% of Ownership:	
Name:	Title:	% of Ownership:	
Name:	Title:	% of Ownership:	
<b>AFFILIATED BUSINESSES (List any other business owned by any principal with 20% or more ownership in the company)</b>			
Business Name:	Owner:	% of Ownership:	
Business Name:	Owner:	% of Ownership:	
Business Name:	Owner:	% of Ownership:	
Business Name:	Owner:	% of Ownership:	
Business Name:	Owner:	% of Ownership:	
<b>USE OF FUNDS</b>			
	<b>Amount</b>		<b>Amount</b>
Real Estate (land and building)	\$	Professional services expense	\$
New construction/expansion/renovation		Export related costs	
Acquisition/repair of machinery and equipment		License & Fees	
Inventory		Miscellaneous expenses	
Working Capital		<b>TOTAL USE OF FUNDS</b>	
<p><b>You certify that the information provided in this application is true and correct. This application does not obligate the City of Norfolk nor the Economic Development Authority of the City of Norfolk to make any grant or loan. The approval/denial decision will partly be based on the economic impact of the project on the City of Norfolk. This can but is not limited to job creation and benefit to low-moderate income residents.</b></p>			
Signature:	Title:	Date:	

## PERSONAL RESUME FORM

(To be completed by each principal with a 20% or greater ownership interest in the company/project. Please make copies as needed for each individual)

Name:	First	Middle	Last	SSN#:
Former Name:				
Date of Birth:			Place of Birth:	
Home Telephone:		Cell Phone:		
Home Address: (Provide previous address if residence is less than two years)				Years at Address:
Previous Address:				
Are you employed by the US Government?		Yes <input type="checkbox"/> No <input type="checkbox"/>		Agency/position
<b>PERSONAL INFORMATION</b>				
Are you a U.S. Citizen? (If no, please provide a copy of your Alien Registration or Visa Card)				Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your spouse a U.S. Citizen? (If no, please provide a copy of their Alien Registration of Visa Card)				Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you or your company/related businesses on the Office of Foreign Asset Control's Sanction List				Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you presently under indictment, on parole or probation (If yes, furnish details in separate attachment)				Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation (If yes, furnish details in a separate attachment)				Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of any criminal offense other than a minor motor vehicle violation				Yes <input type="checkbox"/> No <input type="checkbox"/>
Indicate gender (optional)				
With which race do you more closely identify? Choose only one (optional):				
<input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Eskimo or Aleut <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:				
<b>EDUCATIONAL BACKGROUND (College or technical training)</b>				
Name and Location	Dates Attended	Major	Degree or Certificate	
<b>MILITARY SERVICES BACKGROUND</b>				
Branch:	From:	To:	Honorable Discharge <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>WORK EXPERIENCE</b>				
Company	From:	To:	Title:	
Duties:				
Company	From:	To:	Title:	
Duties:				
<b>CREDIT REPORT AUTHORIZATION</b>				
<p>I declare that the information provided in this application is true and correct. I hereby authorize the release of any and all credit report and other information required in the processing of my application and as required during the term of my grant or loan. I further authorize the City of Norfolk, Virginia and the Economic Development Authority of the City of Norfolk, Virginia and its successor to release such information to any entity as required in the processing of my application.</p> <p>I hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my knowledge.</p>				
Signature:			Date:	

## COMPANY PROFILE

(Use separate attachments to answer questions if necessary)

Company Name:

Describe the type of business:

Types of products or services offered (include catalogs or brochures if you have them):

Geographic market area served:

Do you currently export any of your products or services:

How will the grant benefit your company:

### CUSTOMER PROFILE

What primary market uses your products/services:

List of key customers:

List of key competitors:

Major suppliers:

Future plans (Growth Strategy – rapid, moderate or maintain market position?)

### MISCELLANEOUS INFORMATION:

Have your or any officer/owner of your company ever been involved in bankruptcy or insolvency proceedings? If yes, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you or your company (including any inter-related companies) involved in any pending lawsuits? If yes, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is your company involved in a defense related industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does your company owe any delinquent taxes? If yes, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does your company currently have any government backed (SBA, USDA, Ex-Im Bank, etc.) loans? If yes, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does your company have any loans due to or due from any related entity, principals or investors? If yes, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## BUSINESS DEBT SCHEDULE

Furnish the following information on all installment debts, contracts, notes and mortgages payable, lines of credit. Do not include accounts payable or accrued liabilities.

CREDITOR NAME	ORIGINAL AMOUNT	ORIGINAL DATE	PRESENT BALANCE	INTEREST RATE	MATURITY DATE	MONTHLY PAYMENTS	SECURITY	DELINQUENT
								Yes <input type="checkbox"/> No <input type="checkbox"/>
								Yes <input type="checkbox"/> No <input type="checkbox"/>
								Yes <input type="checkbox"/> No <input type="checkbox"/>
								Yes <input type="checkbox"/> No <input type="checkbox"/>
								Yes <input type="checkbox"/> No <input type="checkbox"/>
								Yes <input type="checkbox"/> No <input type="checkbox"/>
								Yes <input type="checkbox"/> No <input type="checkbox"/>
								Yes <input type="checkbox"/> No <input type="checkbox"/>
								Yes <input type="checkbox"/> No <input type="checkbox"/>
								Yes <input type="checkbox"/> No <input type="checkbox"/>
								Yes <input type="checkbox"/> No <input type="checkbox"/>
								Yes <input type="checkbox"/> No <input type="checkbox"/>
Total present balance				Total monthly payments				

I certify that the information contained in this Debt Schedule is accurate and includes all company debt, to include Due To and Due From accounts with principals and inter-related companies.

**Name of Operating Company:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

# PERSONAL FINANCIAL STATEMENT

As of \_\_\_\_\_

Complete this form for: (1) each proprietor; (2) general partner; (3) member of a limited liability company (LLC); and (4) each owner of 20% or more of the equity of the Applicant.

Name:	Business Phone:
Home Address:	Home Phone:
City, State, & Zip Code	
Business Name of Applicant	

ASSETS		LIABILITIES	
Cash on Hand & in banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others (Describe in Section 2)	\$
IRA or other Retirement Account	\$	Installment Account (Auto) (Describe in Section 2)	\$
Accounts & Notes Receivable (Complete Section 5)	\$	Installment Account (Other) (Describe in Section 2)	\$
Life Insurance - Cash Surrender Value Only (Complete Section 8)	\$	Loan on Life Insurance (Describe in Section 2)	\$
Stock, Bonds, Mutual Funds (Complete Section 3)	\$	Mortgages on Real Estate (Describe in Section 4)	\$
Real Estate (Complete Section 4)	\$	Unpaid Taxes (Describe in Section 6)	\$
Automobiles - Present Value	\$	Other Liabilities (Describe in Section 7)	\$
Other Personal Property (Describe in Section 5)	\$		
Other Assets (Describe in Section 5)	\$	<b>Total Liabilities</b>	\$
		<b>Net Worth</b>	\$
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

Section 1 Source of Income	Contingent Liabilities		
Salary	\$	As Endorser, Guarantor or Co-Maker	\$
Net Investment Income	\$	Legal Claims & Judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income (Describe below)	\$	Other Special Debt	\$

Description of Other Income in Section 1


\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

**Section 2** Notes Payable to Banks and Others (Use attachments if necessary, any attachments will be considered part of this statement and is certified by your signature on Page 2)

Name and Address of Noteholders	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	Type of Collateral

**Section 3. Stocks, Bonds and Mutual Funds** (Use attachments if necessary, any attachments will be considered part of this statement and is certified by your signature on Page 2)

Name of Securities	Number of Shares	Cost	Market Value	Date of Market Value	Total Value

**Section 4. Real Estate Owned** (List each parcel separately. Use attachment if necessary, any attachments will be considered part of this statement and is certified by your signature on Page 2)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per month/year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets** (Describe if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, describe any delinquency)

**Section 6. Unpaid Taxes** (Describe in detail, at to type, to whom payable, when due, amount and to what property, if any a tax lien attaches)

**Section 7. Other Liabilities** (Describe in detail)

**Section 8. Life Insurance Held** (Give face amount and cash surrender values of policies – name of insurance company and beneficiaries)

I authorize the City to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining a grant or a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution.

Signature:	Date:	SSN
Signature: (Joint)	Date:	SSN



**FREEDOM OF INFORMATION ACT DISCLOSURE  
VERIFICATION OF FINANCIAL FEASIBILITY**

The City of Norfolk, Virginia (the "City"), and the Economic Development Authority of the City of Norfolk (the "Authority") are public bodies and under the Virginia Freedom of Information Act (the "Act") documents submitted to the City and the Authority are subject to review by the public. By submitting this Application, the Applicant acknowledges and agrees that the information set forth in this Application may be made public in accordance with the Act. Section 2.2-3705.6(3) of the Act, however, provides for the confidentiality of proprietary records voluntarily provided by private business pursuant to a promise of confidentiality from a public body used by the public body for business, trade and tourism development or retention. The City and the Authority hereby make such a promise of confidentiality as provided in Section 2.2-3705.6(3) of the Act with respect to the Application. Grant applicants should consult their legal advisors as to what information may be kept confidential.

The City and the Authority assume no liability for any disclosure of the records or information in such record, in accordance with the Act or pursuant to the order of a court or other governmental authority, and the applicant hereby releases and agrees to hold harmless the City and the Authority in connection therewith.

By submitting this Application, the Applicant certifies the accuracy and completeness of the information provided and agrees that the City and the Authority may verify all information furnished in connection with this Application. The information that may be verified includes, but is not limited to, the following: employment, pensions, mortgages, deposits, and any other income; personal or business loans; hazard insurance and all other information that lawfully may be verified. The Applicant further agrees that the City and the Authority may order credit reports and any other public document to verify the information submitted and thoroughly evaluate and either approve or disapprove the Applicant's proposal.

By signing below the Applicant agrees to all of the foregoing.

<b>Company's Name</b>		<b>Date:</b>
<b>By:</b>	<b>Title:</b>	