


Application Form

 **Welcome to the Capital Access Program Application. Please fill in every field throughout the entire application. Any section that does not apply to you please enter "N/A" for text fields and "0" for numbered fields. Please note that the Capital Access Program is a competitive application process. The applications are graded by an independent committee. To ensure your application is eligible for evaluation, please fill out each field completely. For detailed information regarding the evaluation criteria please [click here](#). The Department of Economic Development thanks you for your participation and we wish you the best of luck!**

CAPITAL REQUESTS

Amount Requested:

(Please insert numbers only, no special characters or symbols.)

What will the funds be used for?

(Respond with one brief sentence)

Total Project Cost:

(Answer only if different from amount requested) (Please insert numbers only, no special characters or symbols.)

Project Description:

USE OF FUNDS

(Please insert numbers only, no special characters or symbols.)

Acquisition of Real Estate (Land and/ or Building): _____

New Construction/ Expansion/ Renovations: _____

Acquisition/ Repair of Machinery and/or Equipment: _____

Business Materials/Inventory: _____

Advertisement/ Marketing/Promotion: _____

Export Related Costs: _____

Licensing and/or Fees: _____

Professional Services: _____

Manufacturing Overhead: _____

Rent and/or Utilities: _____

Office Equipment/ Supplies: _____

Other (please provide explanation): _____

TOTAL USE OF FUNDS: _____ ({{ SUM(funds[0],funds[1],funds[2],funds[3],funds[4],funds[5],funds[6],funds[7],funds[8],funds[9],funds[10],funds[11]) }})

"Other" Explanation

 **BUSINESS APPLICANT INFORMATION**

 **Business Name:**

 **Business DBA:(If applicable)**

 **Business Address:**

Street

City

State

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- ... 31 additional choices hidden ...
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Zip

 **Business Email Address:**

 **Business Phone Number:**

 **Business Fax Phone Number:**

 **Business Website:**

 **NAICS Code:(6 Digit)**

 **Business Industry:**

 **Brief Business Description:**

 **City of Norfolk Business License Number:**

(If Applicable)

 **City of Norfolk Business License Account Number:**


(If Applicable)


 **Federal Tax ID #:**

 **Legal Entity Type:**

- LLC
- LLP
- Sole Proprietorship
- Partnership
- S- Corporation
- C-Corporation
- Not incorporated

 **Years in Business:**

 **Number of Employees:**

 **If awarded the monies, will your business be able to create new job/s for LMI Norfolk Residents? *(Note: if applying for the Reimbursable Grant, this is a requirement)* What will the position/s be? What will be the expected pay rate? Will employee benefits be offered?**

 **Is this Business SWAM Certified?**

- Yes
 No

 **Is this Business Minority Owned?**

- Yes
 No

 **Is this Business Women Owned?**

- Yes
 No

 **Is this Business Veteran Owned?**

Yes

No

 **Do you currently have the proper licenses/permits in place to operate business and/or accomplish articulated project description?**

Yes

No

If yes, can you provide documentation that proves proper licenses and permits are in place?

Yes

No

 **If yes, can you provide documentation that proves proper licenses and permits are in place?**

Yes

No

 **If not, will funds requested be used to obtain such licenses/permits?**

Yes

No

 **Please be advised that in order for grant/loan funds to be disbursed, proper licenses **MUST** be in place.**

I understand

 **COMPANY PROFILE**

 **Types of Products and/or Services Offered:**

 **Below summarize the products/ services your business provides and the price points at which you charge.**

 **Please summarize how your price points compare to your leading competitors.**

 **Geographic Market Area Served Within Norfolk:**

 **What primary market uses your products/ services?**

 **Do you currently export any of your products/ services?**

Yes

No

 **If yes, please explain:**

 **Is your company involved in a defense related industry?**

Yes

No

 **List your Key Customers:**

 **List your Key Competitors:**

 **List your Major Suppliers:**

 **Briefly Describe Your Short Term Future Plans and Growth Goals for your Company/Business?**

 **Affiliated Businesses:** (List any other business owned by any principal with 20% or more ownership in the company)

Business Name / Owner / % of Ownership

 **Does your company owe any delinquent taxes?**

Yes

No

 **If yes, please provide details:**

 **Does your company have any loans due to or from any related entity, principles, or investors?**

Yes

No

 **If yes, please provide details:**

 **COMPANY REFERENCES**

Though it's not required, please list your references below. It should be noted that those who list their references may have a competitive advantage over those who do not.

 **Business Bank:**

Bank Name _____
Account Officer _____
Phone Number _____
Email Address _____

 **Business Accountant:**

Name _____
Account officer _____
Phone Number _____
Email address _____

 **Business Attorney:**

Firm Name _____
Attorney Name _____
Phone Number _____
Email Address _____

 **Business Consultant:**

Firm Name _____
Consultant Name _____
Phone Number _____
Email Address _____


 **Business References (Other):**

Company Name _____
Contact Name _____
Phone Number _____
Email address _____

 **TECHNICAL ASSISTANCE/CITY INCENTIVE PARTICIPATION**

 **Has your Business completed any Technical Assistant Programs?**

- Yes
 No

 **If yes, please explain the agency used, what type of technical assistance program , and date completed.**

 **Has your business received any financial assistance/incentives from the City of Norfolk in the past?**

Yes


No

 **If yes, please explain when and how the assistance/incentives from the City of Norfolk was administered.**

 **LOW TO MODERATE AREA/INCOME VERIFICATION**

 **What Census Tract is your business located within?**

(Please insert numbers only, no special characters or symbols.) For help looking up your Census Tract click [here](#).

 **Is your business located in a Low to Moderate Income Area?**

Need help determining if you are in a LMI area? Click [here for instructions](#).

Yes

No

 **If yes, what is the LMI percentage found of the Federal HUD Map?**

(Please insert numbers only, no special characters or symbols.)

 **Are you a Low to Moderate Income Individual?**


Need help determining if you are a LMI individual? Click [here for instructions](#).

Yes

No

 **If yes, how many people live in your household?**

(Please insert numbers only, no special characters or symbols.)

 **What is your total annual household income amount?**

(Please insert numbers only, no special characters or symbols.)

 **PRINCIPAL APPLICANT INFORMATION**

 **Principal Applicant First Name:**

 **Principal Applicant Middle Name:**

 **Principal Applicant Last Name:**

 **Former First Name:** (If Applicable)

 **Former Middle Name:** (If Applicable)

 **Former Last Name:** (If Applicable)

 **Principal Applicant Address:**

Street


City

State

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- ... 31 additional choices hidden ...
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Zip

 **Years at current address:**

 **Previous Address:** (Only complete if you have been at your current address for less than two years)(If Applicable)

Street

City

State

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- ... 31 additional choices hidden ...
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Zip

 **Principal Applicant Primary Phone Number:**

 **Principal Applicant Alternate Phone Number:**

 **Principal Applicant Business Fax Number:**

 **Principal Applicant Email Address:**

 **Principal Applicant Title/ Business Role:**

ie. CEO, Owner, etc.

 **SSN#:**

 **Date of Birth:**


____ / ____ / ____ (YYYY/MM/DD)

 **Place of Birth (City):**

 **Place of Birth (State/Region):**

 **Indicate Gender:**

- Female
- Male

 **Indicate which race you most closely identify with:**

- African American
- Asian or Pacific Islander
- Native American
- White
- Hispanic
- Eskimo or Aleut
- Other

 **Are you employed by the US Government?**

- Yes
- No

 **Agency/ Position:**

 **Military Services Background:**

Branch/ Dates From/ Dates To/ Honorable Discharge (yes or no)

 **Are you a US Citizen?**

- Yes
- No

 **Is your spouse a US Citizen?**

- Yes
- No
- Not Applicable

 **Are you or your company/ related businesses on the Office of Foreign Asset Control's Sanction List?**

- Yes
- No

 **Are you presently under indictment, on parole, or probation?**

- Yes
- No

 **If yes, please furnish below.**

 **Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation?**


- Yes
- No

 **If yes, please furnish below.**


 **Have you ever been convicted for any criminal offense other than a minor motor vehicle violation?**

- Yes
- No

 If yes, please furnish below.

 Have you or any officer/owner of your company ever been involved in bankruptcy or insolvency proceedings?

- Yes
- No

 If yes, please provide details.

 Are you or your company (including inter-related companies) involved in any pending lawsuits?

- Yes
- No

 If yes, please provide details.
