

Retail Funding Application

Name of Firm:

Contact Person: _____

Telephone: _____

Address:

City/State/Zip:

Project Information

Product/Service: _____

Development Phase

_____ Expansion of Facility
_____ Purchase of Business
_____ Business Start up

Primary Owners: (Enter name and percent of ownership)

Project Summary

- 1) Full Time Equivalent Employees Current Number _____ Projected Number ____
- 2) Payroll Current Annual _____ Projected Annual _____
- 3) Proposed project start up date _____

- 4) Please attach supporting documents, such as your financial projections, business plan and any other information that will assist the EDC's decision process.

Proposed Funding Sources

<u>Source</u>	<u>Amount</u>	<u>Use of Funds</u>
Owner Equity	_____	_____
Bank Financing	_____	_____
MP EDC Funding	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant Signature _____

Date _____