



CLAY TOWNSHIP/CITY OF CLAYTON JEDD  
BUSINESS ASSISTANCE PROGRAM  
APPLICATION - Page 1

**A. NAME OF COMPANY AND PROJECT INFORMATION**

Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ NAICS Code for Business (manta.com for info): \_\_\_\_\_

***Please Note: Taxes (local, state and federal) for any company benefitting from CLAY TOWNSHIP/CLAYTON JEDD BUSINESS ASSISTANCE PROGRAM funding MUST BE current. It is the Company's responsibility to verify this prior to submitting an application.***

**B. NAME OF COMPANY CONTACT PERSON**

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**C. AMOUNT OF CLAY TOWNSHIP/CLAYTON JEDD BUSINESS ASSISTANCE REQUESTED**

(Indicate amount of Clay Township/Clayton JEDD Business Assistance Requested)

\$ \_\_\_\_\_

**D. TOTAL PROJECT COST** (Indicate the TOTAL cost of the project, including engineering/design costs, administrative costs, and any other peripheral expenditures associated with the project.)

\$ \_\_\_\_\_

**Note:** To be eligible for funding assistance, a business/property owner must be in good financial standing with the JEDD and be current on all local, state and federal taxes as verified by the JEDD Income Tax Administrator and/or agent of the JEDD. Funds will be available to property owners on a reimbursable basis and for no more than 25% of the total project cost or up to \$10,000, depending on JEDD Business Assistance Program fund availability.

**CERTIFICATION**

**The applicant certifies that, to the best of their knowledge, the data in this application are true and correct, and that they will comply with all applicable federal, state and local regulations. (Chief Executive Officer or company authorized agent should sign below.)**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



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**Project Description**

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**A. PROJECT SITE/BUILDING LOCATION** (Indicate the location of the proposed project):

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parcel(s) ID# \_\_\_\_\_ Map attached

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**B. TYPE OF PROJECT** (Indicate the type of project from the choices listed below. Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Building Construction _____ Sq Ft | <input type="checkbox"/> Water Line Installation           |
| <input type="checkbox"/> Building Expansion _____ Sq Ft    | <input type="checkbox"/> Storm Sewer Installation          |
| <input type="checkbox"/> Physical Site Improvements        | <input type="checkbox"/> Sanitary Sewer Installation       |
| <input type="checkbox"/> Interior Improvements             | <input type="checkbox"/> Upgrade Technology Infrastructure |
| <input type="checkbox"/> Building Demolition               | <input type="checkbox"/> Study/Research/Marketing Project  |
| <input type="checkbox"/> Road Construction                 | <input type="checkbox"/> Job Retention                     |
| <input type="checkbox"/> Other-Explain:                    |  |

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**Note:** *If building a new structure or rehabilitating or demolishing a structure, please confirm with Zoning, Building or other relevant Officials prior to work being undertaken to ensure that building improvements meet local code requirements and receive necessary permits.*

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**C. PROJECT SUMMARY**

**Provide information concerning the proposed project by answering the three questions listed below on another sheet:**

- 1) Give a specific description of the project.
- 2) Why is this project necessary for your company?
- 3) Why are Clay Township/Clayton Business Assistance Funds essential for the project's success?



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***Economic Impact***

**A. TYPE OF DEVELOPMENT**

Check here if there is a specific and committed “end user” for the proposed project.

*(For purposes of this application, real estate developers or project administrators are not considered to be end users.)* Indicate who the end user is and attach a letter from the end user indicating commitment to the project:

End user: \_\_\_\_\_ Letter attached

Check here if the project provides basic infrastructure (water, sewer, and roadway) to make property developable (i.e. redevelopment or Greenfield, water/sewer upgrade.)

Indicate infrastructure being provided and the anticipated development results: \_\_\_\_\_

Infrastructure: Development results (i.e. # of Acres that will be development ready): \_\_\_\_\_

**B. JOB CREATION/RETENTION**

*(Indicate the number of jobs created and/or retained as a direct result of this project)*

Number of jobs **created**/estimated payroll: \_\_\_\_\_ / \$ \_\_\_\_\_

Number of jobs **retained**/estimated payroll: \_\_\_\_\_ / \$ \_\_\_\_\_

Average salary per job created: \$ \_\_\_\_\_

Does your company provide benefits for employees?  Yes  No

**C. IMPLEMENTATION SCHEDULE** *(Please list project tasks, beginning and completion dates):*

TASK	BEGINNING DATE	COMPLETION DATE



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**Project Funding**

**A. COMPANY FUNDING:** *A cash commitment of at least 10% of the total project request is strongly encouraged by the Company, but is not a requirement. Indicate the total amount of funds forthcoming for this project from your Company. With an explanation, you may include company funds spent on the project two years prior to the submission of this application.*

Cash commitment: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_, please explain: \_\_\_\_\_

**B. PROJECT BUDGET** *(Attach a budget which outlines all major sources and uses for the proposed project and indicate which of those uses Clay Township/Clayton JEDD Business Assistance Program funds that will be utilized.)*

**SAMPLE BUDGET**

*(This is a sample of the type of information you should include in your budget. Feel free to add/delete/change line items to fit your project.)*

<b>SOURCES</b>	
Private Equity	100,000
Bank	500,000
Clay Township/Clayton JEDD Business Assistance Program	5,000
Local Government	5,000
State/Other Public	10,000
<b>TOTAL</b>	<b>\$620,000</b>

<b>USES</b>	
Land acquisition	300,000
Site development	25,000
Construction	275,000
Equipment	0
Parking/Landscaping	10,000*
Site utilities	10,000*
<b>TOTAL</b>	<b>\$620,000</b>

\* Clay Township/Clayton JEDD Business Assistance Program Funds

Submit completed form and supporting documents to Jack Kuntz at [jkuntz@clayton.oh.us](mailto:jkuntz@clayton.oh.us) or fax to 937-836-6773.

Applications accepted on an ongoing basis, subject to JEDD Business Assistance Program fund availability.

Open for Business!



# CLAY TOWNSHIP/CITY OF CLAYTON JEDD

## BUSINESS ASSISTANCE PROGRAM

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### For Office Use Only:

Application # \_\_\_\_\_-20\_\_\_\_

Date Application Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Date Approved by Clay Township/Clayton JEDD Board: \_\_\_\_\_

Conditions of Funding:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fully Fund Request: Yes  No

Partially Funding of Request: Yes  No

Deny Request: Yes  No  If No, state reason:

\_\_\_\_\_  
\_\_\_\_\_