

MANDAN GROWTH FUND
PRE-APPLICATION
FORM 1

Name of Firm: _____

Address: _____

Phone: _____

Product or Service: _____

Contact Person for Company: _____

Contact Address: _____

Contact Phone: _____

Project Principals (enter name and ownership percent):

_____	_____
_____	_____
_____	_____

Current Company Status

a. Plant/Facilities/Office Locations: _____

b. Current Number of Employees: Full-Time: _____ Part-Time: _____

c. Form of Business Ownership: _____

Primary Bank Account

a. Name: _____

b. Address: _____

c. Telephone: _____

d. Contact Person: _____

e. Working capital line of credit _____

Has the firm or any of its principals filed for bankruptcy in the last five (5) years? If so, state the date, entity or person filing and the place of bankruptcy filing:

Attach a brief (not more than two pages) description of business description of project, trade area served, kinds of jobs to be created, community impact, and any other development information that may help describe this project and demonstrate that the project meets the eligibility criteria of the Growth Fund. **Enclose information concerning any pending or threatened litigation or administrative proceeding or any outstanding administration orders, judgment, or injunctions.**

Everything that I have stated in this Pre-Application is correct to the best of my knowledge. You are authorized to do a background check to verify any of the information on this Application. I authorize my Primary Bank Account, as listed above, to release financial information relevant to this application to the Growth Fund. I also authorize any other source of Proposed Funding, as listed in this Application, to confirm to the Growth Fund, the level of their participation in this project. The Growth Fund will treat the information disclosed to it as a result of this Application as confidential insofar as allowed by the North Dakota Open Records Law.

Authorized Signature _____ Date _____

Return To: Bismarck-Mandan Development Association
PO Box 2615
Bismarck, ND 58502-2615

Telephone: (701) 222-5530
FAX: (701) 222-3843
E-Mail: info@bmda.org

MANDAN GROWTH FUND
FORM 2

The Firm:

A. Name of Company: _____

B. Address: _____

C. Telephone: _____

D. Contact Person for Company: _____

E. Current Company Status:

1. Plant/Facilities/Office Locations: _____

2. Current number of employees: Full-Time: _____ Part-Time: _____

3. Current Pay ranges. Please specify the number of employees in various pay ranges.

PAY RANGE	NUMBER OF EMPLOYEES
_____	_____
_____	_____
_____	_____
_____	_____

Briefly outline employee benefits provided: _____

4. Form of business ownership: _____

F. Primary Bank Account(s)

1. Name: _____

2. Address: _____

3. Telephone: _____

4. Contact Person: _____

5. Working capital line of credit: _____

G. Company Attorney:

1. Name: _____

2. Address: _____

3. Telephone: _____

H. Company Business/Marketing Consultant(s):

1. Company Name: _____

2. Address: _____

3. Telephone: _____

4. Contact Person: _____

NOTE: Individual(s)/firms listed in F, G, H, above, may be contacted unless you specifically request otherwise.

New Business Venture Requirements

(Business expansion applicants need not provide this information unless specifically requested by the Growth Fund Committee.)

A. List three references for the stockholder(s) or partners with telephone numbers who will own the new business:

NAME

TELEPHONE NUMBER

B. List three references for the manager(s) with telephone numbers who will manage the new business:

NAME

TELEPHONE NUMBER

List of Required Attachments:

- A. A completed Growth Fund Form 3 (Project financing breakdown).
- B. A completed Growth Fund Form 4 (Current and projected employment).
- C. A completed business plan to include two (2) years pro forma financial statements.

Existing Business (Retention/Expansion/Relocation)

- 1. Enclose financial statements for the past three (3) fiscal years, including: balance sheets, income statements, statements of changes in financial position, and notes to financial statements. If unaudited, the statements must be signed and dated by an authorized financial officer of the business.
- 2. Enclose most recent interim financial statements (balance sheets, income statements, if available).
- 3. Enclose Federal tax returns filed by the business for the previous three years, if the applicant is a sole proprietorship, partnership, or corporation that does not have its financial statements audited or reviewed.
- 4. Enclose a pro forma balance sheet, income statement, and cash flow statement for the 24 months following the loan closing that shows the financial position of the business, including the proposed financing.

New Business Venture (Initial Capitalization)

- 1. Enclose signed personal financial statements dated as of the date of the application for any person who owns 20% or more interest in the business. In addition, include data privacy forms signed by each individual submitting personal financial statements.
(Information Release form attached)
- 2. Enclose any other information, including a key person insurance policy which may be available to secure the loans, which would assist us in processing your application as efficiently as possible.
- 3. Enclose information concerning any pending or threatened litigation or administrative proceeding or any outstanding administration orders, judgment, or injunctions.
- 4. Has the company or any of the principals ever been involved in bankruptcy? Yes No
- 5. Please provide the Social Security Numbers for all stockholders or owners with more than 10% ownership interest.

STOCKHOLDERS/OWNER

SOCIAL SECURITY NUMBER

MANDAN GROWTH FUND
FORM 3

Costs	Mandan Growth Fund		Bismarck Vision Fund		Bank		Equity		Other		Total Amount
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	
Land Acquisition											
Acquisition of/or improvements to building											
Acquisition of machinery or equipment <input type="checkbox"/> new <input type="checkbox"/> used											
Inventory Purchased											
Other (Please Describe)											
<i>Totals:</i>											

Please enclose copies of bids you have received which support the cost assumptions or send commitment letters from banks or other institutions which support the itemization.

Describe desired terms of financing requested for Growth Fund money: _____

Mandan Growth Fund
FORM 4

CURRENT AND PROJECTED EMPLOYMENT

Type of Employment	Existing Jobs as of Date:				Employment Projections 1 st Year				2 nd Year				3 rd Year				Starting Wage/Salary
	FT	PT	M	F	FT	PT	M	F	FT	PT	M	F	FT	PT	M	F	
Professional																	
Managerial																	
Technical																	
Skilled																	
Unskilled																	
Semi-Skilled																	
Totals																	

Salary and benefit total amounts should be provided for each job category. Do salary and wage employees receive same benefits?

Attach an employment list history, by the month, for the last 12 months.

The data which you supply to the Growth Fund will be used to assess your firm's qualifications for a business loan. We will not be able to process your financial application without it. There is a possibility this data might constitute a public record if and when a loan is approved, and, at this time, the data may be examined by anyone.

The undersigned says he/she is duly authorized to verify the foregoing application, that he/she has read the same and is familiar with the statements contained herein and that the same are true in substance and in fact. The undersigned specifically authorizes the Growth Fund to do a background check on the applicant, including the checking of references and the verification of any information on the application.

Signature of Officer of Applicant or Owner if Sole Proprietor

Date

Title

MANDAN ECONOMIC DEVELOPMENT JOBS VERIFICATION PROCEDURE

The following is the procedure for reporting jobs created to the City of Mandan:

1. Once the Mandan City Commission has approved your funding and/or business incentive, you will be asked to sign an “Initial Jobs Verification” agreement stating that you agree to complete the “Annual Jobs Verification” form each year you receive funding and/or the business incentive.
2. At the end of each January, the Bismarck-Mandan Development Association (BMDA), on behalf of the City of Mandan, will mail you the “Annual Jobs Verification” form. You will be asked to complete and mail the form back to the BMDA before February 15.
3. If you are funded by the Growth Fund and you have failed to create and/or maintain the number of jobs mandated by the Growth Fund, any funding and/or other financial assistance granted by the Mandan Growth Fund may be suspended.
4. You are required by section 54-60.1-01 of the North Dakota Century Code to participate in this process. You shall participate in this process for the duration of the incentive no less than five years and no more than ten years from and after the date of this agreement

If you change addresses, change your company’s name or alter your company’s contact information in any way, please notify the BMDA.

If you have any questions about the “Initial Jobs Verification” agreement, the “Annual Jobs Verification” form or the Jobs Verification procedure, please contact the BMDA at (701) 222-5530 or info@bmda.org

MANDAN ECONOMIC DEVELOPMENT JOBS VERIFICATION AGREEMENT

By making application to and accepting funding or a business incentive from the City Of Mandan and by its signature on this Jobs Verification Agreement, the Applicant authorizes the Bank of North Dakota, Job Service North Dakota, Small Business Development Center, the Small Business Administration, Lewis & Clark Regional Development Council or other agencies with information relevant to the jobs created by the Applicant, to release to the City of Bismarck and/or the Bismarck-Mandan Development Association any information of the Applicant necessary or useful to verify the Applicant's employment levels and costs. The Bismarck-Mandan Development Association will provide an "Annual Jobs Verification" form to the Applicant on an annual basis and the Applicant agrees to return the completed form to the Bismarck-Mandan Development Association for the duration of the incentive no less than five years and no more than ten years from and after the date of this agreement.

Authorized Signature

Date

MANDAN ECONOMIC DEVELOPMENT ANNUAL JOBS VERIFICATION

Company Name: _____

Person Completing Report: _____

Title: _____

Year(s) Funded/Approved: _____

JOBS

Please indicate the total number of jobs for the most recent two years by category:

Professional:	_____	_____	Skilled:	_____	_____
Managerial:	_____	_____	Semi-Skilled:	_____	_____
Technical:	_____	_____	Un-Skilled:	_____	_____
Full-Time:	_____	_____	Part-Time:	_____	_____
Total:	_____		_____		

BENEFITS

Please check the benefits which your company offers to employees:

	YES	NO	Percentage Paid By Employer
Health:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dental:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Life Insurance:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Retirement:	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do part-time employees receive the benefits indicated above? Yes No

Total benefits paid to all employees for the current year ending December 31:

\$ _____

WAGES

Please indicate the average wage of your employees by category:

Full-Time: _____

Part-Time: _____

Total Employees: _____

Total wages paid to all employees for the current year ending December 31 as reported on the W-3 Transmittal report to the IRS:

\$ _____

SEASONALITY

Does the number of your employees fluctuate by more than 10% within the year due to the seasonality of your products or services? Yes No

If yes, what is the average number of employees (FTE's) for the year? _____

AGREEMENT

By making application to and accepting funding and/or a business incentive from the City of Mandan and by its signature on this Annual Job Verification Form, the Applicant authorizes the Bank of North Dakota, Job Service North Dakota, Small Business Development Center, Lewis & Clark Regional Development Council , the Small Business Administration or other agencies with information relevant to the jobs created by the Applicant, to release to the City of Mandan and/or the Bismarck-Mandan Development Association any information of the Applicant necessary or useful to verify the Applicant's employment levels and costs.

Authorized Signature

Date