INITIAL PROJECT INFORMATION

MAHONING VALLEY ECONOMIC DEVELOPMENT CORPORATION
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NOTE: This Initial Project Information packet is designed to collect introductory data regarding a proposed project. From the information provided, a decision will be made as to whether or not a full application will be requested from the prospective borrower. To provide additional information, include an attachment. If any requested information is not submitted, a decision to request a full application cannot be made.

TYPICAL 'GENERIC' REQUIREMENTS FOR ALL PUBLIC-SECTOR LOANS

All of the following information must be submitted for you initial project review.
Please indicate whether or not this information is included.

____ Three (3) Years Historical Financial Statements (Balance Sheet, P & L)

____ Three (3) Years Projected Financial Statements (Balance Sheet, P & L)

____ Interim Financial Statements (not more than 90 days old)

____ Brief Description of existing Business

____ Three (3) Years Income Tax Returns (business, personal, affiliates)

____ Description of New Project

____ Letter of Commitment from Participating Bank

____ Resumes of Officers and Key Management Personnel

____ Cost Estimates Pertaining to New Project

____ One (1) Year Cash flow statement (month by month)

____ Information Concerning Current Working Capital Line

____ Certify that no principal who owns at least 50% of the voting interest of the company is delinquent more than 60 days under the terms of any (a) administrative order, (b) court order, or (c) repayment agreement that requires payment of child support.

Employment in Existing Facility (if any): ______________________________

Jobs Retained via Assistance ______________________________

New Employment from Project One (1) Year After Completion ______________

New Employment from Project Three (3) Years After Completion ______________

PLEASE DO NOT FORGET TO INCLUDE
COMPANY / INDUSTRY ASSUMPTIONS

I. Applicant Information

Name of Company: ______________________________

Current Address: ______________________________

City: ____________________ State: ____________ ZIP: ____________

Contact Person: ______________________________

Phone: ____________________ Fax: ____________________

II. Principal Officers (10% Ownership or More)

Name & Title: ______________________________

Percent of Ownership: ____________ Social Security #: ____________

Name & Title: ______________________________

Percent of Ownership: ____________ Social Security #: ____________

Name & Title: ______________________________

Percent of Ownership: ____________ Social Security #: ____________

(Attach additional sheet if necessary)

Officers: President ____________ Secretary ____________

Vice President ____________ Treasurer ____________

III. Information Regarding Business

Description of Business: ______________________________

____

____

____

____

____

Principle Product/Service: ____________________

Corporate Structure: ____________________ Date Established: ____________________

Employer ID: ____________________

Current Employment Information:

Number of Total Employees: __________ Number of Full Time Employees: __________

Current Annual Payroll ____________________

Number of Minority Employees: __________ Number of Female Employees: __________

Number of full time employees to be hired within three years as a result of this project: _____

Projected Annual Payroll: ____________________

Number to be Retained: ____________________

Affiliates: ____________________

Attorney: ____________________ Phone Number: ____________________

Accountant: ____________________ Phone Number: ____________________

Share of Outstanding Stock:

Stockholders: ____________________

____

____

____

____

Articles of Incorporation, Articles of Organization, Share Journal attached if applicable

IV. DESCRIPTION OF PROJECT

Describe Project: ____

____

____

New Address (if applicable): ____________________________________

City: ______________ County: ______________ State: __________ Zip: ______

Bank: ____

Loan Officer ________________________ Bank: ______________________

Other Lenders: ____

Contact: ___________________________ Phone: ______________________

Other Lenders: ____

Contact: ___________________________ Phone: ______________________

Project Costs:

Land: ____________________ Describe: ____________________

Building: ____________________ Describe: ____________________

Equipment: ____________________ Describe: ____________________

Working Capital: ____________________ Describe: ____________________

Other (list): ____________________ Describe: ____________________

____________________ Describe: ____________________

____________________ Describe: ____________________

Total: ____________________

V. REQUIRED ATTACHMENTS

Three Years of Historical Financial Statements

Three Years of Historical personal Tax Returns with W2's and All Schedules

Interim Finacial Statement Within 60 Days

Personal Financial Statement for Owners of 10% or More

Cost Estimates for Project from Thrid Party Vendors

Three Years Projection

Resume for Owners of 10% or More

PLEASE BE ADVISED THAT FEES ASSOCIATED WITH THE VARIOUS LOAN PROGRAMS MAY INCLUDE, BUT ARE NOT LIMITED TO, NON-REFUNDABLE APPLICATION FEES, CLOSING FEES, LEGAL DOCUMENTATION PREPARATION FEES AND OTHER MISCELLANEOUS CHARGES SUCH AS CREDIT BUREAUS, OVERNIGHT MAIL EXPENSES AND DUN & BRADSTREET REPORTS.

Submission Acknowledgement:

As an authorized agent of the applicant company, I hereby submit this initial Project Information record. I understand that any false statement s in this document may subject the Applicant Company and Signer to criminal prosecution. I also understand that this is not a formal application for financial assistance. When a formal application is filled, i understand that additional information will be requested. I also understand that this pre-application in no way constitutes a commitment for funding by Mahoning Valley Economic Development Corporation (MVEDC) and/or any of its affiliates or subsidiaries, but that certain preliminary "due diligence" evaluations such as obtaining business and personal credit checks and references may be performed, and are thereby authorized by the signatures below:

Signature	Title
Printed Name	Date
Signature	Title
Printed Name	Date

Exhibit E

Division of Economic Development Financing
Resume Form

Name ____
Last First Middle

Address ____

City ______________________ State ________ ZIP ________

Home Phone ______________________ Business Phone ______________________

SSN ______________________ Date of Birth ______________________

Education ____

High School ______________________ Date of Graduation ______________________

College/University	Degree/Major	Year of Graduation

Employment History

Current Employer's Name ____

Address ____

____ Phone ______________________

Current Annual Salary ______________________ Date of Hire ______________________

Aditional Compensation ____

Current Function and Title ____

____

____

Previous Functions with Current Employer ____

____

____

Previous Employer's Name ______________________________

Address ______________________ Phone ______________

Employed From ______________ To ______________

Current Function and Title ______________________________

____

____

Military Service ______________________________

____

____

I certify that the above statements are true and complete.

______________________________ ______________

Signature Date

OMB APPROVAL NO. 3245-0188
EXPIRATION DATE:3/31/2008

PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of ________________ , __________

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
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)	$
Accounts & Notes Receivable	$	Mo. Payments $	
Life Insurance-Cash Surrender Value Only (Complete Section 8)	$	Installment Account (Other)	$
Stocks and Bonds (Describe in Section 3)	$	Mo. Payments $	
Real Estate (Describe in Section 4)	$	Loan on Life Insurance	$
Automobile-Present Value	$	Mortgages on Real Estate (Describe in Section 4)	$
Other Personal Property (Describe in Section 5)	$	Unpaid Taxes (Describe in Section 6)	$
Other Assets (Describe in Section 5)	$	Other Liabilities (Describe in Section 7)	$
		Total Liabilities	$
		Net Worth	$
Total	$	**Total**	$

Section 1. Source of Income		Contingent Liabilities	
Salary	$	As Endorser 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. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly,etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)	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, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as 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 value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender 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 either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: Date: Social Security Number:

Signature: Date: Social Security Number:

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**