



## FAÇADE PROGRAM APPLICATION

**INSTRUCTIONS:** Complete this form and submit the required supplemental information, via email to [C4NMED@gmail.com](mailto:C4NMED@gmail.com) or mail to: Stephanie Barksdale, Executive Administrator, The Corporation for New Milford Economic Development, P.O. Box 387, New Milford, CT 06776.

**Façade Loan** (\$500 - \$2,500)  \$ \_\_\_\_\_ **Facade Grant** (\$100 - \$2,500)  \$ \_\_\_\_\_  
*The Façade Loan and Grant Programs can be combined. The Grant Program requires a 20% match which can be in-kind.*

### Applicant Information

**Name/Contact:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_  
**Federal Tax ID Number:** \_\_\_\_\_ **State Tax Registration Number** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Business/Industry:** \_\_\_\_\_ **NAICS (if known):** \_\_\_\_\_  
**Women-Owned Business?** (Y/N) and % \_\_\_\_\_ **Minority-Owned Business?** (Y/N and %) \_\_\_\_\_  
**Veteran-Owned Business?** Yes \_\_\_\_\_ No \_\_\_\_\_ **International Exporting Business?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Applicant Structure** (eg LLC, Corporation, S-Corp, Partnership, Sole Proprietor) \_\_\_\_\_  
**Date Established:** \_\_\_\_\_ **State of Incorporation:** \_\_\_\_\_

**Company Status:** (if yes to any answers please provide an explanation as addendum to application)

- Does applicant have any delinquent State, Federal or local Taxes?
- Do any owners/officers have any personal Tax Issues, history of bankruptcy?
- Does the existing site plan meet approvals, are there outstanding disputed issues?
- Does the applicant have any outstanding, pending or anticipated litigation, environmental, OSHA or other issues outstanding?

### Required Information:

- Required with Loans only - Last two fiscal years of accountant-prepared financials. If not available, please provide tax returns, balance sheet and income statement for this period.
- Improvement Budget (list of sources and uses of funds for the project), Itemized estimates for improvement costs
- Building Owner Approval: Include (1) Name(s), (2) Title(s), (3) Address(es), and written approval of the building owner for façade and related eligible improvements.
- Approvals for the project, if required, from municipal departments

### Certification

It is hereby represented by the undersigned to the Corporation for New Milford Economic Development to consider the financial assistance required herein, that to the best of my knowledge and belief no information or data contained in the Application or in the attachments is in any way false or incorrect, and that no material information has been omitted, including the financial statements. In addition, the undersigned agrees that any funds that may be provided pursuant to this Application will be used exclusively for the purposes represented in this Application, and as may be amended.

### Public Announcement

Please be advised that your company and your project may be highlighted in a press release issued by the Corporation for New Milford Economic Development.

By submitting this document, I ( insert Name/Title) \_\_\_\_\_ certify and agree to the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
5/13/21 ESP