ESSEX COUNTY



in the park

a healthy place to grow a business
to grow a family
a healthy place to be

Essex County Industrial Development Agency

USDA – Rural Development

Community Revolving Business Loan Program Application

Contact: Carol Calabrese
Essex County IDA
7566 Court Street
P.O. Box 217
Elizabethtown, New York 12932
Office: 518-873-9114
Fax: 518-873-2011
Email: ccalabrese@essexcountyida.com

This institution is an equal opportunity provider, employer, and lender.

June 30, 2026

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

CHECKLIST OF SCHEDULES

Included	Not Included	Not Applicable	List of Schedules
☐	☐	☐	**Schedule A** – Application Information and Certification (including Principals and Officers with Resumes)
☐	☐	☐	**Schedule B** – Background Information: Bankruptcy, Litigation and Felony History
☐	☐	☐	**Schedule C -** Budget – Project Costs and Financing Sources
☐	☐	☐	**Schedule D** – Employment Plan
☐	☐	☐	**Schedule E** – Outstanding Debt Details
☐	☐	☐	**Schedule F** – Security Collateral
☐	☐	☐	**Schedule G** – Business Plan
☐	☐	☐	**Schedule H** – Profit & Loss Statement for the last three years for existing businesses through the most recent months available, but in no case more than three months prior to the application date and 3 years of tax returns
☐	☐	☐	**Schedule I** – Projected Profit & Loss, monthly Cash Flow Statements and Balance Sheet for three years following the completion of the project
☐	☐	☐	**Schedule J** – Aging Accounts Receivable and Payable Schedules
☐	☐	☐	**Schedule K -** Business or Residential Relocation
☐	☐	☐	**Schedule L** – Financial References
☐	☐	☐	**Schedule M –** Project Property Tax Information
☐	☐	☐	**Schedule N –** Additional Information (as applicable)
☐	☐	☐	**Schedule O –** Bank Declination
☐	☐	☐	**Schedule P -** Certifications Regarding Disbarment(s) and Disclaimers
☐	☐	☐	**Schedule Q** – Copy of DBA, Partnership Papers or Incorporation Agreement
☐	☐	☐	**Schedule R** – Declarations
☐	☐	☐	**Schedule S** - Personal Financial Statement, Credit Authorization Form and three years Federal Tax Returns & Schedule C - Each person owning more than 20% or more in the company and any other person or entity providing guarantee on loan must complete.
☐	☐	☐	**Schedule T** – Form IA "Race /Ethnicity Disclosure"

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Schedule A
APPLICATION INFORMATION

General Information

Name of Applicant					
Address					
Contact Person			Federal ID#/SS#		
Telephone:		Fax:		e-mail	
Nature of Business					
DUNS #					

Legal Status

☐	Corporation	☐	Limited Liability Company	☐	Limited Partnership
☐	Partnership	☐	Limited Liability Partnership	☐	Sole Proprietorship
Other (specify)					
Date Established		State			

Principals & Representatives of Applicant

Names(s) of Principal(s) / Owner (s)	Title	Ownership Percentage

Attorney for Applicant			Accountant for Applicant	
Firm Name			Firm Name	
Address			Address	
Telephone			Telephone	

Dollar Amount of Loan Request	$	Loan Purpose	
Loan Term Requested			
Interest Rate Requested			

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Schedule B
Background Information

	Yes	No
1. Is the Company presently the subject of any litigation, or is any litigation threatened, which would have material adverse effects on the Company's financial condition?	☐	☐
2. Is the Applicant delinquent on any NYS federal or local tax obligations?	☐	☐
3. Is the Applicant delinquent in the payment of any loans?	☐	☐
4. Has the Applicant been declared in default on any of its loans?	☐	☐
5. Has the Company or any or affiliates ever been involved in bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?	☐	☐
6. Has the company ever settled debt with a lending institution for less than the full amount outstanding?	☐	☐
7. Are there currently any unsatisfied judgments against applicant?	☐	☐
8. Are there currently any unsatisfied judgments against any principal of the Company	☐	☐
9. Has the Company or any of its affiliates, been cited for a violation of federal, state or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution or other operating practices?	☐	☐
10. Has any senior manager or principal of the company ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any such charges pending?	☐	☐
11. Is the Company delinquent on any New York State, Federal or local tax obligations?	☐	☐
12. Are there any outstanding judgements or liens pending against the Company other than liens in the normal course of business?	☐	☐
NOTE: If your answer is "YES" for any of the above questions, please provide an explanation below.	☐	☐
Explanations:		

I hereby certify that the information provided above is true and accurate to the best of my knowledge and belief

_____ _____

Signature Date

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Schedule C
Budget – Project Costs and Financing Sources

Summarize the status of any proposed project financing identified in the "Sources of Funds" column, including status of other applications, sources of equity capital, etc.

Project Costs	Source of Funds				
	Owner Equity	IDA	Bank	Other	TOTAL
Property Acquisition	$	$	$	$	$
Renovations	$	$	$	$	$
Machinery /Equipment	$	$	$	$	$
Working Capital	$	$	$	$	$
Fixtures/Furniture/Equip	$	$	$	$	$
Professional Fees	$	$	$	$	$
Other	$	$	$	$	$
TOTAL	$	$	$	$	$
Status of Financing:					

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Schedule D
Employment Plan

Please list the company's total current employment and projected new hiring resulting from this proposed project for each of the next three years?
Please Note benefits available to employees:

Job Title	Full Time	Part Time	Annual or Hourly Wages	Current	Year 1 Jobs Created	Year 2 Jobs Created	Year 3 Jobs Created	Total Jobs to be Created
TOTAL:								

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Schedule E
Outstanding Debt Details

Debt Type 1	Installment Loan	Mortgage	Lease	Other
Lender:				
Origination Date:		Maturity Date:		
Terms (Months):		Interest Rate:		
Original Amount:		Current Balance: $		
Monthly Payment: $		Current:	Yes:	No:
Collateral:				

Debt Type 2	Installment Loan	Mortgage	Lease	Other
Lender:				
Origination Date:		Maturity Date:		
Terms (Months):		Interest Rate:		
Original Amount:		Current Balance: $		
Monthly Payment: $		Current:	Yes:	No:
Collateral:				

Debt Type 3	Installment Loan	Mortgage	Lease	Other
Lender:				
Origination Date:		Maturity Date:		
Terms (Months):		Interest Rate:		
Original Amount:		Current Balance: $		
Monthly Payment: $		Current:	Yes:	No:
Collateral:				

(Use additional copies of this sheet if necessary)

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Schedule F
Security Collateral

List any additional collateral (such as land, buildings, machinery, equipment) available for security. Indicate cost, net book value (cost less depreciation), an estimate of present market value and present loan balance. For each item of collateral listed, provide a description of all associated liens thereon.

Land or Real Estate

Description	Location	Cost	Est. Book Value	Est. Market Value	Present Loan Balance	Liens (Identify Lien Holder)
		$	$	$	$	
		$	$	$	$	
		$	$	$	$	
		$	$	$	$	

Machinery or Equipment

Description	Location	Cost	Est. Book Value	Est. Market Value	Present Loan Balance	Liens (Identify Lien Holder)
		$	$	$	$	
		$	$	$	$	
		$	$	$	$	
		$	$	$	$	

Other Tangible Assets

Description	Location	Cost	Est. Book Value	Est. Market Value	Present Loan Balance	Liens (Identify Lien Holder)
		$	$	$	$	
		$	$	$	$	
		$	$	$	$	
		$	$	$	$	

Schedule G

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Business Plan

Description of Business	Describe the business including history if an existing business. Please be sure to include descriptions of the following: • Type of Busines • Status of Business • When did (will) it start • Hours of Operation • Who are your customers • Why your business is successful (will succeed) • Seasonal fluctuations in sales and employment Include significant developments in operations and financial conditions. Indicate current number and titles of employees for business startups, describe how the background of the principals will contribute to the success of the new business. If applicable, indicate the names and addresses of all concerns that may be parent companies, subsidiaries, or affiliates of the business including concerns in which the business, or any of its principals, hold an interest greater than twenty (20%) percent.
Location of Business	Describe the location of the business and be sure to include information about the following: • physical address of business • Is site leased or owned • Physical features and characteristics of the site including size and use of space • Description of neighborhood and surrounding businesses • Any renovations needed • The reason for choosing this location.
Management	Describe the business background, management experience, and education for each key partner or key manager with 20% or greater interest in the business. Include both formal and informal learning experience which have a bearing on your managerial abilities. Include a description of the following: • Why this type of business was chosen • Direct operational and/or managerial experience in this type of business • Organizational structure (including a description of who does what) • Time devoted to running the business • Local resources available to management.
Market	Describe in detail: • Who exactly is your market • Were your market is located • Present size and growth potential of the market • The price you anticipate getting for your product or service. • Include information on how you will attract and keep your segment of the market (including advertising) • How you will promote your product or service • Trends in your industry • Future goals • How the business can expand. Describe business objectives in terms of production, sales, and earnings for the proposed business or project. An emphasis should be placed on describing the specific marketing actions that the business will take to meet its projected earnings in its competitive environment. Include letters of intent from prospective suppliers or any firm contracts for your business. This schedule should be supported by the projections contained in later schedules.
Competition	Describe in detail who your competition is and include information on the following: • What products/services they offer • Where their business and market are located • What their reputation or image is • What their marketing strategies are and how their business is doing. • Also discuss how your operation will be different and what you have learned from watching them.

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Schedule H
Profit & Loss Statements

- For existing businesses, provide profit and loss statements and balance sheets for the last three fiscal years.
- Statements must include or be accompanied by separate expense schedules for Cost of Goods Sold, Selling and General Administrative Expenses, including depreciation, salaries, and dividends.
- If the most recent available statements are more than ninety (90) days old, interim statements must be provided. Where the business exhibits a degree of financial distress, an aging of accounts payable and receivable should be provided.
- Provide business income tax returns for the last three years.

Schedule I
Projected Profit & Loss, Monthly Cash Flow Statements and Balance Sheet

- Provide projected balance sheet, profit and loss and monthly cash flow statements for three years following the completion of the project
- Statement must include projected interest payments and depreciation expenses.
- Describe assumptions on which projections were based.
- The projections should be supported by and be relevant to the narrative contained in Schedule F.

Schedule J
Aging Accounts Receivable and Payable Schedules

Schedule K
Business or Residential Relocation

Will the proposed project result in any business or residential relocation?	Yes ☐	No ☐

Schedule L
Financial References

Provide the following information on three (3) current customers/clients			
Name		Phone	
Address		Contact Person	
Name		Phone	
Address		Contact Person	
Name		Phone	
Address		Contact Person	

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Schedule M
Project Property Tax Information

What are the project changes in the property tax revenues resulting from the project?			
Current		**Projected**	
Village	$	Village	$
Town	$	Town	$
School	$	School	$
County	$	County	$
Total	$	**Total**	$

Schedule N
Additional Information (As Applicable)

☐ Documentation of project costs including vendor quotes, buy/sell agreements, binding options to purchase engineer's or contractor's estimates, appraisal for realty to be acquired, etc.

☐ Documentation of other required financing including bank and other public lending agency commitment letters, bond inducements and evidence of availability and commitment of cash equity requirements.

☐ For projects involving real estate acquisition an /or development – evidence of site control or current ownership in the form of a binding option, sale agreement, deed, etc.

☐ Any other information which may serve to document the information provided with this application or which may affect a credit decision by the lender.

Schedule O
Bank Declination

Please submit a bank declination letter and/or documentation of financial "gap" in project financing

Schedule P

Certifications Regarding Disbarment(s) and Disclaimers

Schedule Q

Copy of DBA, partnership Agreements or Incorporation Agreement

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Schedule R
Declarations

I (we) authorize the Essex County IDA to order credit reports and/or other financial background information on my (our) personal and business financial background. I (we) authorize disclosure of all information submitted in connection with this application to any financial institution in consideration of any assistance that may be provided. I (we) waive all claims against the Essex County IDA and its consultants.

I (we) attest that to the best of my (our) knowledge and belief, the information contained in the foregoing application is correct and true. I (we) am (are) aware that the filing of a false instrument in connection with this application may constitute an attempt to defraud the Essex County IDA and may be a felony under the laws of New York State.

_____ _____
Signature Date

Print Name _____ Print Title _____

_____ _____
Signature Date

Print Name _____ Print Title _____

_____ _____
Signature Date

STATE OF NEW YORK, COUNTY OF _____: ss

On the _____ day of _____, 20___, before me, the undersigned, a Notary Public in and for the State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____
Notary Public

STATE OF NEW YORK, COUNTY OF _____: ss

On the _____ day of _____, 20___, before me, the undersigned, a Notary Public in and for the State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____
Notary Public

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Schedule S
Personal Financial Statement & Credit Authorization Form

- Each person owning more than 20% or more in the company and any other person or entity providing guarantee on loan must complete Personal Financial Statement and Credit Authorization Form
- Each person must also include three years Federal Tax Returns & Schedule C

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ESSEX COUNTY INDUSTRIAL DEVELOPMENT AGENCY BUSINESS LOAN FUND

CREDIT AUTHORIZATION

Date:	

In connection with my application for a business loan through the Essex County Industrial Development Agency Loan Fund, I hereby authorize you to investigate my credit worthiness as part of the loan review process.

Name:	
Social Security Number:	
Date of Birth:	
Current Address:	
Spouse's Name:	

_____ _____

Printed Name Date

_____ _____

Signature Title

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PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISRATION	As of _____, 20___
Complete this form 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:	Home/Cell:
Residence Address: Physical, P.O. Box, City, State, Zip		
Business Name of Applicant / Borrower:		

ASSETS	In Dollars (omit cents)		**LIABILITES**	In Dollars (omit cents)
Cash on hand & in Banks	$		Accounts Payable	$
Savings Account	$		Notes Payable to Banks and Others (Describe in Section 2)	$
IRA or Other Retirement Account	$		Installment Account (Auto) Mo. Payment $_____	$
Accounts & Notes Receivable	$		Installment Account (Other) Mo. Payment$_____	$
Life Insurance-Cash Surrender Value (Complete Section 8)	$		Loan on Life Insurance	$
Stocks and Bonds (Describe in Section 3)	$		Mortgages on Real Estate (Describe in section 4)	$
Real Estate (Describe in Section 4)	$		Unpaid Taxes (Describe in Section 6)	$
Automobile-Present Value	$		Other Liabilities (Describe in Section 7)	$
Other Personal Property (Describe in Section 5)	$			$
Other Assets (Describe in Section 5)	$			
TOTAL ASSETS:	$		**TOTAL LIABILIES:**	$
NET WORTH: $				

Section 1. Source of Income (Annual)			**Contingent Liabilities**	
Salary:	$		As Endorser or Co-Maker	
Net Investment Income			Legal Claims & Judgements	
Real Estate Income			Provision for Federal Income Tax	
Other Income (Describe Below)*			Other Special Debt	
Description of Other Income in Section 1:				

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Alimony or child support payment need not to be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2 Notes Payable to Bank 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 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 attachments if necessary. Each attachment must be identified as 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			

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Section 5 Other Personal Property and Other Assets
(Describe, and if any is pledged as security, state name and address 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 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.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Schedule T
Form IA
Race / Ethnicity Discloser

Signature of Applicant **Date**

"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicant seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname."

Ethnicity:
Hispanic *or Latino* ☐
Not Hispanic or Latino ☐

Race (Mark one or more)
White ☐ Black or African American ☐
American Indian / Alaskan Native ☐ Asian ☐
***Native Hawaiian or Other Pacific Islander* ☐**

Gender: Male ☐ Female ☐

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