



**BUSINESS DEVELOPMENT ASSISTANCE PROGRAM  
(BDAP) Application for Funding Assistance**

**Applicant:**

Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

Business/Project Address: \_\_\_\_\_

Total Project Cost: \_\_\_\_\_ Loan Request: \_\_\_\_\_

Business Type:    Corp. \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Prop \_\_\_\_\_

Year Established: \_\_\_\_\_ FEIN: \_\_\_\_\_

Years at current address: Business \_\_\_\_\_ Home \_\_\_\_\_

Gross Annual Sales:    \$ \_\_\_\_\_ Other Sources of Income: \$ \_\_\_\_\_

Income from alimony, child support, or separate maintenance payments need not be revealed. Examples of other income include social security, disability, or rental income.

**Ownership of Applicant Company:**

List all principals with 20% or more ownership:

Name	Title	% Owned	Annual Compensation

**Affiliates:**

List all businesses in which applicant or any owner has an interest.

Name	Title	% Owned	Annual Compensation



**Short Project Description:**

**Why is this loan crucial to start, expand or grow your business?**

Is your business plan pro-forma with profit and loss projection statements attached (required)?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

Does your project create opportunities for employment? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, how many FTE's? \_\_\_\_\_  
(2 Part Time = 1 Full Time Equivalent)

**Attorney:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

**Accountant:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

**Trade References:**

- 1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_
  
- 2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_
  
- 3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Insurance Agent/Bonding Company:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_

By signing below, my business and I both agree to be liable for the indebtedness incurred on this loan. I certify to the truth of my statements above and authorize the Troy Local Development Corporation to obtain personal credit reports in connections with this application. If it does so, upon request, I will be informed of that fact and each credit bureau's name and address. I also authorize the Troy Local Development Corporation to verify with others information contained in this application and to report its transactions with me, in the event of non-payment of any loan established hereunder.

The Troy Local Development Corporation certifies that it will comply with all Federal statutes and regulations that prohibit discrimination on the basis of race, color, national origin, religion, sex, handicap, age, or any other nondiscrimination statute(s), which may apply to the applicant.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For questions, please contact the City of Troy's Economic Development Coordinator at (518) 279-7412 or [economic.development@troyny.gov](mailto:economic.development@troyny.gov)

Please return completed form to: Troy Local Development Corporation  
433 River Street, Suite 5001  
Troy, New York 12180