

A Forgivable Loan Program for New or Expanding Retail, Food, and Creative Businesses



Program Guidelines

Overview

The Philadelphia Commerce Department in partnership with the Office of Arts, Culture, and the Creative Economy, is pleased to announce a forgivable loan program. The program helps eligible retail, food, and creative for-profit and non-profit businesses purchase equipment and materials associated with establishing a new location or expanding at an existing one. This program is an effort to support the vital mix of businesses that create a successful commercial corridor. Retail, food, and creative businesses have been growing in Philadelphia, both in quantity and quality. With this program, the City aims to strengthen the role of these businesses as economic and social anchors which provide goods and services in low to moderate income neighborhoods and to grow Philadelphia-based businesses that create new jobs, increase public revenue, and expand economic development opportunities. The program seeks to foster increased business activity within commercial corridors that have seen limited amounts of recent private investment and business openings or expansions.

Funding Priorities

A limited number of projects will be approved annually (about 10-12). Proposals will be evaluated based on the following funding priorities:

1. Generation of increased foot traffic to a commercial corridor
 - a. by enhancing an existing business with improvements that will attract new visitors OR
 - b. by improving the retail mix with a new business that meets an identified, unmet need for goods or services
2. Financial feasibility of the project and equity investment from the applicant
3. Demonstration of community support
4. Impact on job retention and/or creation
5. Preference will be given to projects located on corridors which have not previously received an InStore Loan and have seen limited amounts of recent private investment and business openings or expansions.

Eligibility

1. The property being improved must be a commercial location occupied by a retail, food, or creative business; new businesses will be considered but must be open within six (6) months of approval. The business occupying the improved space must provide goods or services affordable to low and moderate income residents and be doing at least one of the following:
 - a. Opening a new location
 - b. Making improvements to an existing location in order to expand services or business activities
 - c. Upgrading equipment (a preference will be given for EnergyStar rated equipment if applicable)
2. Projects must:
 - a. Be located on an eligible commercial corridor which enhances an existing cluster of retail, food, or creative businesses (see the list of eligible commercial corridors on page 3)
 - b. Make eligible improvements including but not limited to: security systems, telephone systems, alarm systems, point of sale equipment, kitchen equipment, computer ordering systems, millwork, flooring, lighting, sound systems, theater seating, display furnishings and shelving, HVAC equipment, coolers, refrigeration units, specialty piping (not including normal plumbing expenditures), and similar items

Forgivable Loan Amount: \$15,000 – \$50,000 (The loan does not require payments and is forgiven if the recipient meets program guidelines for five (5) years.)

Funding Source

This opportunity is funded by the Community Development Block Grant (CDBG) program administered by the U.S. Department of Housing and Urban Development (HUD) and is subject to their rules and regulations.

Application Process

Interested businesses must contact Jonathan Snyder at the Philadelphia Commerce department at 215-683-2153 or by email at Jonathan.Snyder@Phila.gov **BEFORE** submitting an application in order to learn more about the program.

Applications will be reviewed on a rolling basis. Applications which are complete and meet program criteria will be evaluated for compliance with funding priorities. Detailed information about the business and the project as well as a credit check will be required. Please review the next page to help determine if you are eligible to apply.

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Please review the following questions which are provided to help you understand if your project qualifies for the InStore Program. If you can answer **YES** to all of the following applicable questions, your project **MAY** qualify.

- Y / N 1. You or your tenant are a Philadelphia-based retail business, restaurant, or creative business (arts/culture based non-profit or for profit business) located in one of the eligible commercial corridors listed on page 3.
- Y / N 2. The proposed project is located in a building you own or lease on one of the eligible commercial corridors listed on page 3.
- Y / N 3. Your project is for a street-level business or in a building that is free and open to the public.
- Y / N 4. You will spend the funding on interior improvements to the business over a six (6) month period that will remain on the property and be used for your business: security systems, telephone systems, alarm systems, point of sale equipment, kitchen equipment, computer ordering systems, millwork, flooring, lighting, sound systems, theater seating, display furnishings and shelving, HVAC equipment, coolers, refrigeration units, specialty piping (not including normal plumbing expenditures), and similar items.
- Y / N 5. You have or will have by the time of application, a valid City of Philadelphia Commercial Activities License and can provide a copy of it.
- Y / N 6. Neither you nor any of your partners or your proposed tenants owe the City of Philadelphia any taxes or fees whether for real property (house taxes) or personal property.
- Y / N 7. Your project will:
- a. Increase public access to the goods and/or services provided on the corridor because your business is a new business that is shown to be in demand by the neighborhood's market study or your business is an existing business that is expanding services (examples include: you will stay open two hours later each day; you will be able to open your business one additional day per week; if you are a restaurant open for lunch, you will now be able to stay open for dinner; etc.)
 - b. Enable your business to remain open and continue to serve the community if you are in danger of closing because you cannot afford the cost to replace equipment.
- Y / N 8. Your business must be open a minimum of five (5) days per week, including Saturday and/or Sunday.
- Y / N 9. You can demonstrate significant support from the community and other stakeholders for your project.
- Y / N 10. Your business is not one of the following: a government agency or office, a church or religious organization, a private club or a business that excludes minors as patrons, a membership organization, or a residential project.
- Y / N 11. Your project needs these funds to complete your project and be successful in your first year of operation.
- Y / N 12. Your project meets most, if not all, of the funding priorities listed on page 1.

If you can answer YES to the above questions and are interested in applying to the program or if you have any additional questions, contact Jonathan Snyder at 215-683-2153 or Jonathan.Snyder@Phila.gov.

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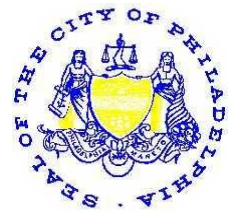


Eligible Neighborhood Commercial Corridors

Corridor	Blocks
22 nd Street	2700-3100 N. 22 nd 1900-2300 Allegheny
29 th & Dauphin	2300 N. 29 th
40 th Street & Girard Avenue	3800-4100 Girard 1100 N 40 th & 41 st
40 th Street & Market Street	100 N. – 200 S. 40 th 4000 Market St.
45 th Street & Walnut Street	4400-4600 Walnut 100-300 S. 45 th
48 th Street & Spruce Street	4700-4800 Spruce 300 S. 48 th
52 nd Street & Market Street	100 N. – 300 S. 52 nd
54 th Street & Berks Street	1800-2000 N. 54 th
5 th Street & Hunting Park Avenue	4200-4700 N. 5 th
5 th Street & Lehigh Avenue	2600-3100 N. 5 th 400-500 W. Lehigh
5 th Street & Olney Avenue	5300-5700 N. 5 th
5 th Street & Roosevelt Boulevard	4800-5200 N. 5 th
60 th Street & Market Street	100 N. – 300 S. 60 th
63 rd Street North	1200-2100 N. 63 rd
7 th Street & Porter Street	1900-2500 S. 7 th
9 th Street	800-1200 S. 9 th 700-1000 Washington Ave.
Baltimore Avenue	4000-5400 Baltimore
Broad Street & Snyder Avenue	1900-2100 S. Broad 600-1500 Snyder
Broad Street & Ridge Avenue	1400-1800 Ridge 700-800 N. Broad 1400-1900 Fairmount
Broad Street & Cecil B. Moore Avenue	1400-1900 Cecil B. Moore 1400-1600 N. Broad
Broad Street & Susquehanna Avenue	2200 N. Broad 1400-1500 Susquehanna
Broad Street & Germantown Avenue	3400-4000 Germantown 3600-3800 N. Broad
Broad Street & Olney Avenue	5500-5900 N. Broad 5700-5900 Old York Road 1300 Olney
Castor Avenue	5800-8200 Castor
Chester Avenue	5400-5800 Chester
Chew Avenue & Cheltenham Avenue	5600-5700 Chew 700-800 E. Cheltenham
Elmwood Avenue	6300-7300 Elmwood
Frankford Avenue – New Kensington	1200-3100 Frankford
Frankford Avenue – Frankford	4000-5300 Frankford

Corridor	Blocks
Frankford Avenue – Mayfair	6200-8500 Frankford
Front Street & Kensington Avenue	1700-2300 N. Front 2400-2600 Kensington
Germantown Avenue & Lehigh Avenue	2500-2900 Germantown
Germantown Avenue – Nicetown	4100-4400 Germantown
Germantown Avenue – Lower	4900-5300 Germantown
Germantown Avenue – Central Germantown	5400-6200 Germantown Maplewood Mall, 100 E. – 300 W. Cheltenham
Germantown Avenue – Lower Mt. Airy	6300-6500 Germantown
Girard Avenue East	000-800 E. Girard
Girard Avenue – Front -9 th Streets	000-900 W. Girard 900-1100 N. Marshall
Girard Avenue & Broad Street	1000-1800 W. Girard 900-1300 N. Broad
Girard Avenue West	2500-2900 W. Girard
Kensington Avenue & Allegheny Avenue	2800-3600 Kensington
Lancaster Avenue	3800-6200 Lancaster
Lansdowne Avenue	5900-6200 Lansdowne
Logan Business District	4700-5100 N. Broad 4700-5100 Old York Road 4700-4900 N. 11 th St 1200-1600 Loudon
Market Street – West Philadelphia	4600-6300 Market
Ogontz Avenue & Cheltenham Avenue & Washington Lane	6800-8000 Ogontz 1800-1900 Cheltenham 1900 Washington Lane
Oregon Avenue	600-1300 Oregon
Parkside Avenue	4700-5100 Parkside
Passyunk Avenue	1200-1900 E. Passyunk
Point Breeze Avenue	1200-1700 Point Breeze
Richmond Street & Allegheny Avenue	2300-2700 E. Allegheny 3100 Richmond
Ridge Avenue & Cecil B. Moore Avenue	1900-2400 Ridge 1900-2300 Cecil B. Moore
Rising Sun Avenue	5700-7700 Rising Sun
Stenton Avenue – Tulpehocken to Barringer	6100-6400 Stenton
Torresdale Avenue	5200-7200 Torresdale
Wayne Avenue	4700-5000 Wayne
Woodland Avenue	4600-4800 Woodland 5800-6600 Woodland

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YOU MUST REVIEW PROGRAM GUIDELINES PRIOR TO SUBMITTING AN APPLICATION

PART 1- APPLICANT INFORMATION (BORROWER)

Address of Property Being Improved _____ ZIP Code _____

Commercial Corridor (see Program Guidelines for eligible corridors) _____

Applicant Name (person or company applying for rebate) _____

Are you applying as a: Property Owner/Landlord Business Owner/Tenant

Applicant Mailing Address _____
Street City State ZIP Code

Commercial Activity License # _____ EIN or SSN _____

Business Income and Receipts Tax # _____ DUNS #¹ _____

Contact Person _____ Title _____

Contact Phone # _____ Contact Fax # _____

Contact Email Address _____

Ownership Structure (sole proprietor, corporation, partnership, etc.) _____

Owner 1: Name _____ Title _____ % Ownership _____

Owner 2: Name _____ Title _____ % Ownership _____

Owner 3: Name _____ Title _____ % Ownership _____

PART 2 – BUSINESS INFORMATION (FROM TENANT BUSINESS IF BORROWER IS A DEVELOPER OR PROPERTY OWNER)

Name of New or Expanding Business _____

Type of Business _____

Commercial Activity License # _____ EIN or SSN _____

Business Income and Receipts Tax # _____

Date of Incorporation _____ Are you a certified: MBE WBE DSBE

Number of existing Full Time Equivalent jobs _____ Estimated number of FTE jobs to be created _____

Days Open and Hours of Operation _____

PART 3 – PROPERTY OWNER INFORMATION

Legal name of property owner(s) _____

Property Owner Address _____
(if different from applicant's address) Street City State ZIP Code

**APPLICANTS MAY NOT COMMENCE WORK OR PURCHASE EQUIPMENT UNTIL A WRITTEN APPROVAL LETTER
THE CITY OF PHILADELPHIA IS RECEIVED**

¹ To get a DUNS number if you do not have one, go to <http://fedgov.dnb.com/webform> and follow the onscreen instructions



PART 4 – PROJECT INFORMATION

Describe the improvements you plan to make.

Describe how your project will meet the funding priorities.

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PART 5 – INTERIOR IMPROVEMENT COSTS

Use this form to itemize costs of the improvements planned for your interior. Insert the costs of each improvement as estimated by your selected contractor(s) or equipment providers. This program is funded in part with Community Development Block Grant Funds. Federal Labor Standards Requirements for Construction wage costs will apply to any project which has an onsite labor or installation cost.

Please check this box if your project is equipment only with no installation cost

PRE-DEVELOPMENT COSTS

Service	Cost	Your Selected Contractor/Vendor
Design/architecture services	\$	
Permits & associated feeds	\$	
PRE-DEVELOPMENT SUBTOTAL	\$	

EQUIPMENT/CONSTRUCTION COSTS

Improvement Type	Cost	Your Selected Contractor/Vendor
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
EQUIPMENT/ CONSTRUCTION SUBTOTAL	\$	

TOTAL COSTS FOR IMPROVEMENTS	\$
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PART 6 – INITIAL APPLICATION ATTACHMENTS AND SUPPORTING DOCUMENTS

CHECKLIST – Please attach the following documents along with your completed application form.

Attachments and Supporting Documents

- Business plan with revenue and expense projections for three (3) years (provided by the tenant business if applicant is the property owner/developer)
- Business narrative (provided by applicant if applying as a property owner/developer)
- Project budget (total project including soft costs if applicable)

Financial Documents

- Three (3) years Federal Tax Returns or three (3) years audited Financial Statements for the business. If the business is new, then three (3) years Personal Federal Tax Returns of all Principals owning 20% or more of the business
- Current year Interim Financial Statements for the business (if available)
- Current-year Personal Federal Tax Returns of all Principals owning 20% or more of the business (Financial forms prepared for the bank are acceptable if not older than six months)

Project Information and Estimates

- Contractor and/or equipment estimates with detailed descriptions. Two estimates are required. We recommend you secure at least three. All applicants must seek proposals from businesses owned and controlled by minority persons (MBEs), women (WBEs) or disabled persons (DSBEs) as described below. Equipment estimates MUST include the model numbers of the units.¹
- Architect drawings (if the project will be an entire fit out)

Formation Documents (if the applicant business is a corporation, partnership, or LLC)

- Certificate of operation
- Operating agreement

Property Information

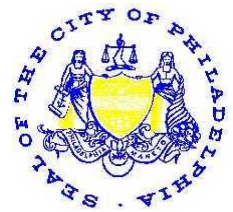
- Proof of ownership (e.g. Agreement of Sale for Project site or a copy of the Lease Agreement)
- Letter from property owner (if different from applicant) granting permission for the proposed work

Public Support

- Letter of support for your project from a neighborhood group (such as a community development corporation, neighborhood association, business improvement district, etc.), a business association, or from neighbors who live near the business

¹ This program is funded in part with Community Development Block Grant Funds. As a result, Federal Labor Standards Requirements for Construction wage costs will apply to any project which has an installation cost. This may increase your project costs.

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PART 7 – ADDITIONAL FORMS

Personal financial statements must be completed by every person who owns 20% or more of the business applying for an InStore Loan.



PERSONAL FINANCIAL STATEMENT CONFIDENTIAL

	DATE
--	------

NAME	SOCIAL SECURITY NUMBER
ADDRESS	TELEPHONE NUMBER
NAME	SOCIAL SECURITY NUMBER
ADDRESS	TELEPHONE NUMBER ()

This statement is for PIDC's information and your protection. We suggest that you review the entire form before beginning to fill out. Space left unfilled will be assumed to mean "no" or "none"

ASSETS: Only assets titled directly in the above name(s) should be listed in Section A. Contingent assets should be listed in Section B.
LIABILITIES: List all direct liabilities in Section A. Contingent (indirect) liabilities should be listed in Section B.
JOINT OWNERSHIP OR OBLIGATION: Indicated in column "(J)" if the asset or liability is held jointly with someone other than the person(s) named above.

A		STATEMENT OF ASSETS AND LIABILITIES AS OF _____, 20__			
DIRECT ASSETS		AMOUNT	(J)	DIRECT LIABILITIES	
		AMOUNT	(J)	AMOUNT	(J)
Cash Or Equivalent	Checking Accounts			Life Insurance Loans (from Schedule 1)	
	Savings Accounts			Loans owing banks and others (from Schedule 8)	
	Money Market Accounts/ Savings Certificates			Accounts and Bills Owing	
Cash value life ins.-from Schedule 1 (not face value-do not deduct loans)				Taxes owing	
Fully marketable securities (from Schedule 2)				Mortgages owing (from Schedule 5)	
Non-marketable securities (from Schedule 3)				Other liabilities (Describe)	
Accounts/notes receivable (from Schedule 4)					
Real estate for personal use (from Schedule 5)					
Real estate investments (from Schedule 6)					
Ownership in privately owned business (from Schedule 7)					
Automobiles'					
Personal Effects					
Other Assets* Pension Plan (Describe) IRA				TOTAL LIABILITIES >	
				NET WORTH >	
TOTAL ASSETS >				TOTAL LIABILITIES & NET WORTH >	

*Specify cost or market value where applicable; do not include leased items.

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B CONTINGENT ASSETS: such as trust, vested pensions, renewal commissions, etc.		
DESCRIPTION	AMOUNT	(J)
TOTAL >		

CONTINGENT LIABILITIES Lease obligations, legal claims, contracts, co-maker, surety, Endorser or guarantor for debts of others		
DESCRIPTION	AMOUNT	(J)
TOTAL >		

SCHEDULE 1 Life Insurance Carried (include "GI" and group insurance)						
Insurance Company	Name of Insured	Face Amount of Policy	Cash Surrender Value	Policy Loans	Policy Owner	If assigned, to whom?

SCHEDULE 2 Fully-Marketable (i.e., Registered and Traded) Stocks, Bonds, Treasury Bills, etc. (use additional sheet if necessary)				
Bond Par or No. of Shares	Description of Security	Registered Owner(s)	Mkt. Value on Statement Date	Where Traded

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SCHEDULE 3 Non-Marketable Securities

Bond Par or No. of Shares	Description of Security	Registered Owner(s)	Mkt. Value on Statement Date	Where Traded

SCHEDULE 4 Accounts and Notes Receivable

Date or Note of Account	Due from	Original Amount	Present Balance	Repayment Terms	Security held for this debt

SCHEDULE 5 Real Estate for Personal Use

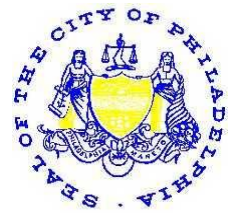
Address: Street, city, township, county, state	Titled in name(s) of:	Date Bought	Original Cost	Market Value	Mortgage			
					Present Value	Monthly Payment	Maturity Date	Owed to

SCHEDULE 6 Investments in Real Estate

Description / Location of real estate investment	Titled in name(s) of:	Original Investment Year	Your original \$ investment	Total Mortgage Balance	% owned by you	Market Value of your % of investment

*Indicate: proprietor, general partner, limited partner, or corporation

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SCHEDULE 7 Ownership in Privately Held Business(es)

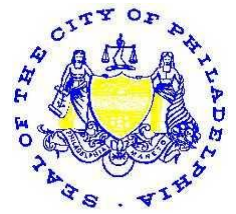
Business name and address	Form of ownership*	Nature of business	Date of Investment	Original Investment cost	% of ownership	Present net value of your investment

*Indicate: proprietor, general partner, limited partner, or corporation

SCHEDULE 8 Loans Owing Banks, Brokers, Finance Companies and Others (MasterCard, Visa, etc.)

Owing to	Original Amount	Date of Orig. Borrowing	Present Balance Due	Monthly Payment	Date of Final Payment	Secured by

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SOURCES OF ANNUAL INCOME – ALL APPLICANTS	
Salary (amount reported on W-2) or Professional net income	
Bonuses and Commissions	
Net Real Estate Income	
Interest and Dividends	
* Alimony, Child Support or Separate Maintenance Payments need not be revealed if you do not wish to have it considered as a basis for repaying these obligations.	
* Other Income Describe	
TOTAL ANNUAL INCOME >	

INFORMATION CONCERNING WILL
DATE OF WILL <input type="checkbox"/> NO WILL <input type="checkbox"/> NO EXECUTOR
NAME AND ADDRESS OF EXECUTION
NAME AND ADDRESS OF CLOSEST LIVING RELATIVE (EXCLUDING SPOUSE)

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PERSONAL INFORMATION		
EMPLOYER'S NAME (S)		
ADDRESS		
POSITION	BUS. TEL.#	YEARS THERE
EMPLOYER'S NAME (S)		
ADDRESS		
POSITION	BUS. TEL.#	YEARS THERE
OTHER BUSINESS VENTURES OR EMPLOYMENT		
NUMBER OF DEPENDENTS		
PERSONAL BANK ACCOUNTS AT:		

GENERAL INFORMATION
ARE YOU A DEFENDANT IN ANY SUIT OR LEGAL ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN
ARE YOU PRESENTLY SUBJECT TO ANY UNSATISFIED JUDGEMENTS OR TAX LIENS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:
HAVE YOU EVER BEEN THROUGH BANKRUPTCY OR SETTLED ANY DEBTS FOR LESS THAN AMOUNT OWED <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:
HAVE YOU FILED TAX RETURNS FOR THE MOST RECENT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU PAID ALL RELATED TAXES? <input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE NOTE CAREFULLY

I/WE (1) CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS COMPLETE, TRUE AND CORRECT AND ACKNOWLEDGE THAT KNOWINGLY GIVING FALSE INFORMATION FOR THE PURPOSE OF INDUCING PIDC TO EXTEND CREDIT IS A FEDERAL CRIME, (2) AGREE TO NOTIFY PIDC IMMEDIATELY OF ANY MATERIAL CHANGES TO THE FINANCIAL POSITION DESCRIBED IN THIS STATEMENT, AND TO PROVIDE A THEN CURRENT VERSION OF THIS STATEMENT AT PIDC'S REQUEST, (3) AUTHORIZE PIDC TO CONTACT ANY INDIVIDUAL OR FIRM NOTED HEREIN AND ANY OTHER NORMAL SOURCES OF CREDIT INFORMATION, (4) AUTHORIZE ANYONE SO CONTACTED TO FURNISH SUCH INFORMATION TO PIDC AS PIDC MAY REQUEST, AND (5) AGREE THAT THIS STATEMENT IS PIDC -S PROPERTY TO BE RETAINED OR DESTROYED AT ITS SOLE DISCRETION WHETHER OR NOT CREDIT IS EXTENDED.

(SIGNATURE)

DATE

(SIGNATURE)

DATE

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CREDIT INQUIRY CONSENT

You are hereby authorized and requested to furnish such credit information as may be sought by the Philadelphia Industrial Development Corporation pertaining to the individual, business and corporate affairs of the undersigned (and spouse).

A photocopy of the Credit Inquiry Consent shall have the same force and effect as the original and this Consent shall not be invalidated by a stated date.

We authorize disclosure of all information obtained in connection with this Consent to any financial institution(s) that may participate in the financing requested.

Very truly yours,

Print Name

Social Security Number

Sign Name

Print Spouse Name

Social Security Number

Sign Name

Address: _____
Street City State Zip Code

Date Signed: _____

This consent is provide pursuant to Public Law 93-579
(Privacy Act of 1974)

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COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) RECIPIENT REQUIREMENTS FOR EMPLOYMENT REPORTING

Name of Firm: _____

Owner(s): _____

Address: _____

AS A RECIPIENT OF COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) FUNDS, I UNDERSTAND THAT THE ATTACHED EMPLOYMENT FORMS, OR A FACSIMILE THEREOF, MUST BE SUBMITTED BY THE FIRM (ORGANIZATION) IDENTIFIED ABOVE AT THE BEGINNING OF THE PROJECT, ANNUALLY AFTER THE COMPLETION OF THE PROJECT FOR FIVE YEARS.

BY SIGNING THIS FORM, I FULLY UNDERSTAND THE REQUIREMENTS DESCRIBED ABOVE AND AGREE TO COMPLY WITH ANY ADDITIONAL REQUIREMENTS WHICH MAY BE REQUIRED UNDER MY COMMITMENT LETTER AND/OR LOAN AND/OR GRANT AGREEMENT AND STATE, LOCAL OR FEDERAL REGULATIONS OR STATUTE.

I CERTIFY FOR ALL PRINCIPALS OF THE FIRM (ORGANIZATION) THAT ALL INFORMATION WILL BE DELIVERED AS REQUIRED BY THE AGENCY OF THE CITY.

Print Name: _____ **Sign Name:** _____

Date: _____

(CDBG Form #2 Revised: 11/1/89)

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CDBG Employment Data Report

Date of Initial Submission: _____
 Name of Firm: _____
 Type of Business: _____
 Present Address: _____
 City/State: _____ Zip Code: _____ Census Tract: _____
 New Address: _____
 City/State: _____ Zip Code: _____ Census Tract: _____
 Describe Type of Assistance Provided: _____

Employment Information

Skill Level of Job	Current Employment	Projected New Jobs	Projected Total Employment
Unskilled			
Semi-Skilled Will Train			
Low/Mod Subtotal			
Semi-Skilled			
Skilled			
Total			

Race and Ethnicity Summary of Current Employment

	Female Hispanic	Female Not Hispanic	Male Hispanic	Male Not Hispanic	Total
American Indian/Alaska Native					
Asian					
Black or African American					
Native Hawaiian/Other Pacific Islander					
White					
Total					

Accessibility of jobs areas where substantial number of low and moderate income persons reside:

Bus Subway Trains

Special outreach and/or training to be offered for jobs to be created:

Philadelphia Workforce Development On the job training Other

Description of Jobs to Be Created

Indicate below the skills required for new employment created as a result of assistance and check those positions which are assumed to be available for low and moderate income persons (attach additional sheet if necessary):

	Job Title	# of Positions	Skills Required	Avail. To Low/Mod?
1.				
2.				
3.				
4.				

(CDBG Form #3)

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CDBG CONFLICT OF INTEREST FORM

TO BE COMPLETED BY THE EXECUTIVE DIRECTOR OR OTHER RESPONSIBLE OFFICIAL WITH THE CAPACITY TO REPRESENT THE ORGANIZATION.

- A. Conflict of Interest (please check either "Yes" or "No")
1. Have any employees, agents, consultants, officers, elected or appointed officials or any of their immediate family members (spouse, parent, child, grandparent, grandchild or sibling) or business associates, who are either currently working or have worked for this Organization over the past year, received, or expect to receive, a financial interest or benefit (ex. salary, business opportunity, etc.) from a CDBG-assisted activity or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG-assisted activity, or with respect to the proceeds of the CDBG-assisted activity? (Please check either "Yes" or "No"):
 - a. Yes
 - b. No

B. If you checked the "Yes" box in the above Conflict of Interest section, please fill out the following information:

1. Name(s) of the employee(s), agent(s), consultant(s), officer(s), elected or appointed official(s) including the names and relationship with the relevant immediate family members of business associates, if any: _____

2. Organization, Agency and/or Department where the person(s) identified currently works (or worked in the past year): _____

3. Please identify the financial interest or benefit for each respective person:

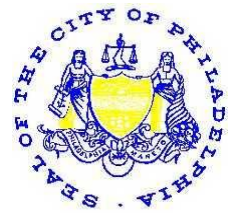
Certification

I hereby certify that the statements made in the foregoing Statement of Interest form are true and correct to the best of my knowledge, information and belief.

Signature: _____ Date: _____

Print Name and Title: _____

(CDBG Form #2a)



**Debarment, Suspension Ineligibility and
Voluntary Exclusion Certification**

(BEFORE COMPLETING CERTIFICATION, READ ATTACHED INSTRUCTIONS)

Legal Name	
Project	

This certification is required by the regulations implementing, as applicable:

- Commerce - 15 CFR 26,
- HUD - 24 CFR 24, or
- OEA - Executive Order 12549, Debarment and Suspension,
32 CFR Part 25, Subparts A-E.

1. The Loan Applicant certifies, by submission of this loan proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the Loan Applicant is unable to certify to any of the statements in this certification, such Loan Applicant shall attach an explanation to this proposal.

Name & Title of Authorized Representative	Signature
	Date

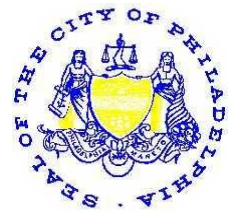
A Forgivable Loan Program for New or Expanding Retail, Food, and Creative Businesses



DEBARMENT CERTIFICATION INSTRUCTIONS

1. By signing and submitting this proposal, the Loan Applicant is providing the certification set out above.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the Loan Applicant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The Loan Applicant shall provide immediate written notice to the person to whom this proposal is submitted if, at any time, the Loan Applicant learns that its certification was erroneous when submitted, or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarment," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," "voluntary excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The Loan Applicant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The Loan Applicant further agrees by submitting this proposal that it will include this clause, titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List by contacting OEA at (703) 614-8529.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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PART 9 – CERTIFICATION FOR COMPLIANCE WITH FEDERAL, STATE & LOCAL REQUIREMENTS

I certify that:

1. The information contained here is accurate.
2. The business and property owner(s) have all required licenses and permits and is current, or has made satisfactory arrangements with the City to become current with respect to the payment of City taxes or other indebtedness owed to the City (including, but not limited to, taxes collected by the City on behalf of the School District of Philadelphia), and is not in violation, or has made satisfactory arrangements to cure any violation, or other regulatory provisions applicable to Applicant contained in The Philadelphia Code. All permits, licenses, environmental and historical requirements associated with the above work will be complied with.
3. I have read and will comply with the requirements outlined in the InStore Forgivable Loan Program Guidelines.
4. I understand that Federal Prevailing Wage Rate Requirements may apply to this project (I will be notified in advance by the City if they do) and I agree to work with the City Labor Standards Compliance officer in implementing those wage rates, when applicable, with the contractors I have selected. The Philadelphia Department of Commerce is not liable for any legal actions due to the neglect of such compliance.
5. I certify to make “best and good faith efforts” to include businesses owned and controlled by minority persons (MBEs), women (WBEs) and disabled persons (DSBEs) in the project. Potential M/W/DSBE project participants can be found in the City of Philadelphia’s Office of Economic Opportunity Directory of Certified Firms (Contact OEO at 215-686-6232 or review the online directory at <http://www.phila.gov/mbec/directory.asp>) or the Pennsylvania Unified Certification Program’s Directory of Disadvantaged Business Enterprises (<http://www.paucp.com>).

APPLICANT OR DESIGNATED REPRESENTATIVE

Name _____ Title _____
(Please Print)

Signature _____ Date _____

Submit your completed application to Jonathan Snyder by e-mail to Jonathan.Snyder@Phila.gov,
or mail to Philadelphia Commerce Dept, 1515 Arch St, 12th Fl, Philadelphia, PA 19102.
You will receive a notification by e-mail when your applicaiton is received.