



**THE VALLEY CENTER OPPORTUNITY ZONE**  
*A COMMUNITY DEVELOPMENT CORPORATION*

# FUND APPLICATION

*(ALL FORMS MUST BE PROPERLY FILLED IN OR THIS APPLICATION WILL BE RETURNED)*

**SUBMIT TO  
THE VCOZ OFFICE  
LATIN CHAMBER OF COMMERCE  
300 N 13TH ST.  
LAS VEGAS NV 89101**

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**THE VALLEY CENTER OPPORTUNITY ZONE  
702.384.8269**

(MAY,09)



**THE VALLEY CENTER OPPORTUNITY ZONE**  
*A COMMUNITY DEVELOPMENT CORPORATION*

The Valley Center Opportunity Zone (VCOZ), a community development corporation, was established to administer funds awarded by the State of Nevada to create economic impact, stimulate business activity and enhance visual appearances of business properties in a specific area of the Las Vegas Valley.

The boundaries of the Zone are Charleston Blvd to the south, Rancho to the west, Craig Rd to the north and Nellis Blvd to the east. Chief objective of the program is to assist businesses in blighted areas in downtown Las Vegas, areas east and north of the city, and within North Las Vegas. However, any business within the boundaries is eligible to apply.

The principal responsibilities of VCOZ are twofold:

Business capacity building. Raising the competency level of our clients through formal training, seminars, workshops, and one-on-one mentoring, normally in areas beyond their business specialty

Funds:

- a. Direct business funds for specific purposes, e.g., signage, property improvement, capacity-building, capital equipment purchase, job creation.
- b. Loan-levering funds to meet the bank's owner's capital injection requirements for larger commercial loans. .

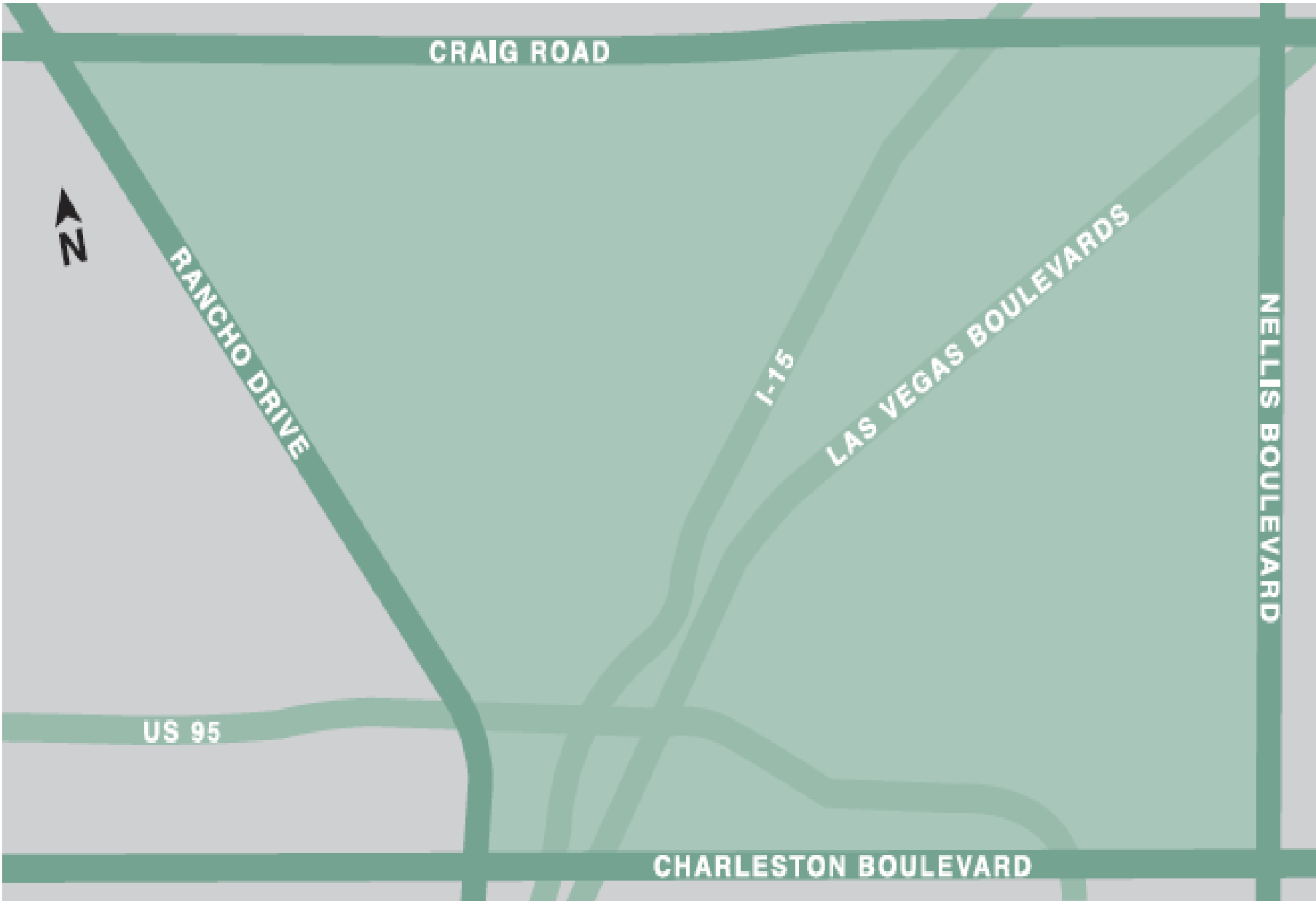
Eligibility requirements.

1. The business must be located in the Zone for a minimum of two years from the date of distribution of VCOZ funds.
2. Two years in business is desired – May be waived for a number of factors such as:
  - a. Bank loan approval/significant owner's investment
  - b. Blighted area or redevelopment area improvement
  - c. Strong indicators of job creation or other measurable economic impact
3. No outstanding Federal or state tax liabilities
4. Two years business tax returns
5. Current financial data on the business
6. Business plan with cash flow projection and detailed "Source and Use of Funds"
7. Willingness to sign Agreement for Funds Disbursement
8. Sign "Authorization For The Release of Information" form.
9. VCOZ funds must equal a minimum of 1:1 ratio ("1" from VCOZ and "1" from other source of funds).

Preference may be given to businesses locating in the designated redevelopment areas of the Cities of Las Vegas and North Las Vegas and for businesses rehabilitating and remodeling older properties.

Applications are available by contacting 384-VCOZ (384-8269).

(MAY20'08)





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## VCOZ FUNDS APPLICATION

ATTACHED IS INFORMATION YOU REQUESTED ON VCOZ AND THE APPLICATION FOR VCOZ FUNDS.

YOUR COMPLETE APPLICATION WILL INCLUDE:

THE COMPLETED APPLICATION FORMS ENTAIL THE FOLLOWING:

GENERAL BUSINESS INFORMATION FORM

YOUR BUSINESS PLAN AND BUSINESS LICENSE

A COPY OF THE LAST TWO YEARS TAX RETURN

THE COMPLETED SOURCE AND USE OF FUNDS FORM

CURRENT (LESS THAN 120 DAYS) BUSINESS FINANCIAL STATEMENTS (P/L AND BALANCE SHEET)

BUSINESS DEBT SCHEDULE FORM

PERSONAL INCOME/EXPENSE ANALYSIS FORM

AGREEMENT FOR FUNDS DISBURSEMENT FORM

THE AUTHORIZATION FOR THE RELEASE OF INFORMATION FORM

IF YOU WILL BE USING THE GRANT AS LEVERAGING FOR A BANK LOAN, PLEASE INDICATE WHAT BANK YOU ARE WORKING WITH.

ADDITIONAL DATA MAY BE REQUIRED IN ORDER TO REVIEW THE APPLICATION.

ONCE VCOZ RECEIVES YOUR COMPLETED APPLICATION IT WILL BE PLACED FOR REVIEW AND THE VCOZ BOARD WILL TAKE ACTION IN THE ORDER IT WAS RECEIVED.

PLEASE NOTE, THE PROCESS MAY ENTAIL 30 TO 90 DAYS.

FOR ADDITIONAL INFORMATION:

THE VALLEY CENTER OPPORTUNITY ZONE  
300 NORTH 13<sup>TH</sup>. STREET  
LAS VEGAS, NEVADA 89101  
(702) 384-8269  
FAX: (702) 384-1182



# GENERAL BUSINESS INFORMATION

Company Name: \_\_\_\_\_ Fed ID (OR Social Security) Number \_\_\_\_\_

Contact Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of startup or acquisition of the business: \_\_\_\_\_

Current number of employees: Full Time \_\_\_\_\_ Part Time: \_\_\_\_\_

Number of employees if grant approved: Full Time \_\_\_\_\_ Part Time: \_\_\_\_\_

Business Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Business Organization:  Sole Proprietorship       Limited Partnership       General Partnership  
 Limited Liability Company       C Corporation       S Corporation

Lease Information: Do you have a lease for the property located within the Zone?     Yes       No

Monthly Rent \_\_\_\_\_ Years remaining on lease \_\_\_\_\_ Renewal option     Yes       No

If this is a real estate transaction, what entity will own the real estate? \_\_\_\_\_

What is the ownership of this entity? \_\_\_\_\_

What is the name of the operating company that will lease the real estate? \_\_\_\_\_

### Ownership of Applicant Company

List all owners, partners, LLC Members and Stockholders totaling 100% of ownership.

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E- Mail Address \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E- Mail Address \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E- Mail Address \_\_\_\_\_ % of Ownership \_\_\_\_\_

Attach addition sheet if necessary

*If the answer to the following questions is YES, provide detail on separate sheet.*

1. Has your business ever filed bankruptcy or defaulted on any debts? .....  Yes  
 No
  
2. Is your business a party to any lawsuit or claim?.....  Yes  
 No
  
3. Does your business owe any Federal or State taxes for years prior to the current year? ....  Yes  
 No

**Details of Business**

Please describe the nature of the business and primary products or services:

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Trade area served:

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**History of Business**

Please provide a narrative history of the business and include the benefits to be derived from obtaining the VCOZ grant:

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APPLICANT/COMPANY  
 NAME \_\_\_\_\_

**SOURCE & USE OF FUNDS**

**SOURCES: *Where will you get the money?***

Personal Investment	\$
Bank Financing	\$
VCOZ Grant	\$
Other Source(s): _____)	\$
<b>Total Sources:</b>	\$

**USES: *How will you use the money to benefit your business?***

Start Up or Expansion Costs:

Real Estate Purchase (if applicable)	\$
Equipment (attach list)	\$
Inventory	\$
Other Start-Up/Expansion Costs:	
_____	\$
_____	\$
_____	\$

**Working Capital (see note below):** \$

**Total Uses:** \$

**IMPORTANT NOTES:**

**\*\*\*\*TOTAL SOURCES MUST EQUAL TOTAL USES\*\*\*\***

Start Up Costs: Expenses you need to pay before the business begins operation, such as insurance, rent or utility deposits, bank fees at closing, and items listed above.

Working Capital: Money your business needs to pay bills until it generates enough revenue to cover expenses. See lowest negative cash balance on your cash flow forecast!

PERSONAL INCOME/ EXPENSE ANALYSIS
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Please complete this form for each proprietor or owner and each partner of the business,  
Name(s) \_\_\_\_\_

<b>Income</b>	<b>Monthly</b>
Gross Salary (Principal)	\$ _____
Gross Salary (Spouse)	\$ _____
Rental Income (Gross)	\$ _____
Interest Income (Recurring)	\$ _____
Alimony (Recurring)	\$ _____
Other Income (Describe)	\$ _____
<b>Total Income</b>	<b>\$</b> _____

<b>Expenses</b>	<b>Monthly</b>
Mortgage Payment (or rent)	\$ _____
2 <sup>nd</sup> Mortgage	\$ _____
Auto Loans (including leases)	\$ _____
Installment Loans	\$ _____
Credit Card Debt (5% of balances)	\$ _____
Utilities/ Phone (estimate)	\$ _____
Insurances (all personal)	\$ _____
Food (estimate)	\$ _____
Clothing (estimate)	\$ _____
Medical Expenses (average)	\$ _____
Income Taxes (historical)	\$ _____
Property Taxes (historical)	\$ _____
Alimony (if applicable)	\$ _____
Child Care (if applicable)	\$ _____
Other Expenses (describe)	\$ _____
Miscellaneous (5%-10% of income)	\$ _____
<b>Total Income</b>	<b>\$</b> _____
<b>Total Income Expenses</b>	<b>\$</b> _____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





THE VALLEY CENTER OPPORTUNITY ZONE

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

### TO WHOM IT MAY CONCERN:

In connection with a grant/loan application that I/we have made through the Valley Center Opportunity Zone (VCOZ), I/we hereby authorize you to release any information requested by VCOZ, Such information may include, but may not necessarily be limited to, credit histories and balances, loan/obligation payment histories and balances, employment and income verification, and account deposit histories and balances.

A Photostat copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original. Your prompt replay will help expedite my transaction. Thank You.

<b>Signature:</b>	<b>Social Security Number:</b>
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<b>Type or Print Name:</b>	<b>Date:</b>
<hr/>	<hr/>
<b>Signature:</b>	<b>Social Security Number:</b>
<hr/>	<hr/>
<b>Type or Print Name:</b>	<b>Date:</b>
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## AGREEMENT FOR VCOZ FUNDS DISBURSEMENT

For consideration in the form of VCOZ funds received, I \_\_\_\_\_,  
agree to the following:

\_\_\_\_\_ I authorize the Valley Center Opportunity Zone (VCOZ) and its agents to use my name and the name of my business in reports to the Nevada State Legislature, to media outlets, and other official data-gathering organizations associated with VCOZ.

\_\_\_\_\_ I will participate in media coverage events of the grant award and acknowledge VCOZ and the Nevada Commission on Economic Development in any such coverage.

\_\_\_\_\_ I will allow VCOZ and its authorized agents to conduct on-site visits to my business 30, 60, 90 days, 6 months and one year from the date of the funds awarded. The purpose of these visits will be to evaluate my operational and financial records, ensure adherence to my business plan and cash flow projections, and verify the effective utilization and expenditure of the funds. VCOZ will notify me sufficiently in advance to schedule mutually-agreeable times and dates for site visits.

\_\_\_\_\_ I will participate in training as agreed to in the VCOZ "Certification of Technical Assistance" and attend four appropriate seminars and workshops as required.

\_\_\_\_\_ I will advise VCOZ of any additional training I consider helpful to my business growth and success.

\_\_\_\_\_ I understand that VCOZ has the right to delay or to terminate funding disbursements if I knowingly or purposefully deviate from my business plan or use VCOZ funds for purposes other than those stated in the business plan.

\_\_\_\_\_ I understand that insofar as possible, fund checks will be made payable to me and to my supplier or equipment vendor, and that disbursements will be made over the term of the project as outlined in the business plan. All checks will be two party checks (the check will be made out to the vendor and to the name of my business).

\_\_\_\_\_ I hold VCOZ harmless from any further obligations or financial responsibilities arising from or in connection with this grant.

\_\_\_\_\_ I will advise VCOZ of any change in my fund eligibility status.

## AGREEMENT FOR VCOZ FUNDS DISBURSEMENT

\_\_\_\_\_ I agree to notify VCOZ of my intent to sell or otherwise dispose of the business for which the fund has been awarded within two (2) years from the date of the fund award.

\_\_\_\_\_ I agree that if within two (2) years from the date of the fund award, I sell the business, close the business, or relocate the business from within the Zone, I will repay VCOZ within 60 days from the date of the sale, close, or move, the full amount of VCOZ funds awarded to my business.

\_\_\_\_\_ I recognize that all capital equipment purchased with VCOZ funds are to be collateral for the VCOZ funds distributed to my business. Should I default any of the above-mentioned terms, I will return to VCOZ all such collateral (capital equipment) within 30 days from the default day.

VCOZ offers no legal or tax advice regarding this award and recommends that you consult with an attorney or your tax advisor to determine your reporting requirements in connection with this grant.

\_\_\_\_\_  
SIGNATURE OF ALL  
BUSINESS PARTNER(S)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED VCOZ SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

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DATE