

**AKRON RESILIENCY FUND  
PRE-APPLICATION FORM**



PLEASE COMPLETE THE PRE-APPLICATION FORM AND RETURN VIA EMAIL TO  
[KYLE.JULIEN@DEVELOPMENTFINANCEAUTHORITY.ORG](mailto:KYLE.JULIEN@DEVELOPMENTFINANCEAUTHORITY.ORG).

LEGAL BUSINESS NAME

BUSINESS ADDRESS

DATE BUSINESS WAS ESTABLISHED (mm/dd/yyyy)

BRIEFLY DESCRIBE THE GOODS AND/OR SERVICES THAT THE BUSINESS PROVIDES (THREE SENTENCES OR LESS):

HOW WILL THE LOAN PROCEEDS BE SPENT? (CHECK ALL THAT APPLY.)

PAYROLL & WORKING CAPITAL

EQUIPMENT PURCHASE

REFINANCE EXISTING BUSINESS DEBT

ARE THE FOLLOWING STATEMENTS TRUE?

THE BUSINESS IS LOCATED IN AN ELIGIBLE PROGRAM AREA AND I HAVE VERIFIED ELIGIBILITY BY VISITING THE AKRON RESILIENCY FUND [LOCATION ELIGIBILITY WEBPAGE](#)

THE BUSINESS HAS FEWER THAN 50 EMPLOYEES

AT LEAST 25% OF THOSE EMPLOYEES ARE AKRON RESIDENTS

THE ANNUAL GROSS REVENUES OF THE BUSINESS IN 2019 WERE LESS THAN \$3 MILLION

THE BUSINESS IS **NOT** A NOT-FOR-PROFIT ORGANIZATION, OR CONTROLLED BY A NOT-FOR-PROFIT ORGANIZATION

THE BUSINESS IS **NOT** ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES: RACETRACK, CASINO, LIQUOR STORE, MASSAGE PARLOR, HOT TUB FACILITY, COUNTRY CLUB, GOLF COURSE, PAWN SHOP, PAYDAY LENDING, RENTAL REAL ESTATE, TOBACCO OR VAPING SALES, INTERNET CAFE/SKILLS GAME PARLOR

CONTACT PERSON

EMAIL

PHONE

OWNER

EMPLOYEE

OTHER: