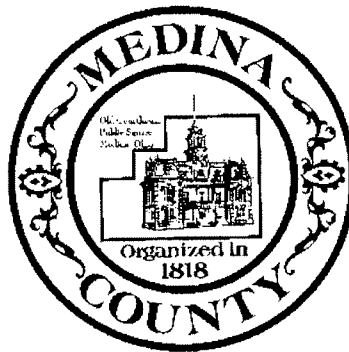


MEDINA COUNTY RECOVERY BOND PROGRAM

APPLICATION FORM



Please submit to:
Medina County Economic Development Corporation
144 N. Broadway Street
Medina, Ohio 44256

330-722-9215

PUBLIC ANNOUNCEMENT

The Medina County Board of Commissioners seeks applications from companies and organizations in Medina County to participate in the Federally-sponsored Recovery Zone Bond program. Medina County has received an allocation of \$8,796,000 for the Recovery Zone Economic Development Bond program; it has also received a separate allocation of \$13,194,000 for the Recovery Zone Facility Bond program. These programs are intended to stimulate economic activity and support qualified economic development projects in defined "recovery zones" within Medina County. These programs will be administered according to U.S. Treasury and Internal Revenue Service guidelines. The application submission deadline is October 31, 2009. The application and description of the approved "recovery zones" in Medina County are available by contacting the Medina County Economic Development Corporation, 144 N. Broadway, Medina, Ohio 44256, phone (330) 722-9215. Copies of these documents are also available on the internet at www.co.medina.oh.us/legal.htm.

Medina County Board of Commissioners
Stephen D. Hambley, President
Patricia G. Geissman
Sharon A. Ray

September 3, 2009

I. Applicant Company/Organization

Name of Company/Organization

Name of Borrower *(if different from above)*

Relationship of Borrower to Company/Organization

Street Address of Company/Organization

City State Zip Code

Contact Person Title

Telephone Number Fax Number

Federal Tax I.D. Number

II. Company/Organization Description

Type of Business

Principal Product/Service

Date Established

Principal Officers:

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____
_____	_____

Organizational Structure:

<input type="checkbox"/> Public Corporation	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Other <i>(describe)</i> _____	

III. Project Information

Location of Project: _____

_____ Anticipated Project Start Date

Project Type:
 Retention Expansion New

_____ Anticipated Project Completion Date

Project Description: Please attach a detailed narrative description of proposed project. This information should include a statement describing the need for recovery bond financing and the estimated economic impact of the project on Medina County.

III. Project Information (Continued):

Project Details:

Building Construction: \$ _____ ; _____ SF
Building Renovation: \$ _____ ; _____ SF
Building Purchase: \$ _____ ; _____ SF

Leasehold Improvements: *(Describe)* _____

Machinery/Equipment Purchase: *(Describe type, size, use and cost)*

Land Purchase: \$ _____ ; _____ Acres

Note: Prevailing wage compliance will apply for projects using Recovery Zone Bond proceeds.

IV. Bond Program Information

The applicant is seeking to participate in the following bond program *(check one or both)*:

- Recovery Zone Economic Development Bond Program (RZEDB)
- Recovery Zone Facility Bond Program (RZFB)

Requested allocation by dollar amount:

\$ _____ RZEDB

\$ _____ RZFB

\$ _____ Total Bond Allocation Request

V. Project Cost/Use of Funds

	Total	Bond Program Assistance	Equity	Private Lender	Other Public (please identify)
Land Acquisition					
Building					
New Construction					
Building Renovation					
Leasehold Improvements					
Site Preparation					
Infrastructure					
1. Streets					
2. Water & Sewer					
3. Flood & Drainage					
4. Other					
Machinery/Equipment					
Other (<i>explain</i>)					
Architect & Engineering					
Administration					
Working Capital					
Total Project Costs					

Important Note: Bond issuance must occur no later than December 31, 2010. As such, the deadline for submission of this application is preliminarily established as October 31, 2009.

VI. Job Creation/Retention Data

Breakdown of New/Retained Employees at project site:

	After First Year		After Three Years	
	# (FTE)	New or Retained	Average (FTE)	New or Retained
Officers/Managers				
Supervisors				
Technicians				
Salaried Workers				
Office/Clerical				
Skilled Craftpersons				
Semi-Skilled Craftpersons				
Unskilled Laborers				
Others				
Total				

Estimated Average Hourly Employee Rate for Created/Retained Jobs: \$ _____

VII. Submission Acknowledgement

As an authorized agent of the applicant Company, I hereby submit this Initial Project Application/ Information Form. All statements made in this application are true and correct to the best of my knowledge. I understand that additional information may be requested. I also understand that this document in no way constitutes a commitment of funding by the County of Medina.

Signature

Typed Name

Title

Date