TOLEDO-LUCAS COUNTY PORT AUTHORITY
Diversified Contractors Accelerator Program (DCAP)
Capital Request Application

Attn: DCAP Administration

One Maritime Plaza, 7th Floor
Toledo, OH 43604
419-243-8251

The Diversified Contractors Acceleration Program Capital Request Application is designed to provide introductory information regarding your proposed project. From the information provided, the Toledo-Lucas County Port Authority will make a decision as to whether additional information will be requested. Should you want to expand beyond the space provided below, you may include an attachment. If any of the requested information is not included we may be unable to make a final decision regarding this project.

I. TYPE OF CAPITAL REQUESTED

- Working Capital for Supplies/Inventory
- Labor Expended Payroll Expenses
- Bonding

II. APPLICANT COMPANY/USER

Name of Company/User
Name of Borrower (if different from user)
Relationship of Borrower to Company/User (if applicable)
Street Address of Company
City State Zip Code
Contact Person/Title
Telephone
Fax
E-Mail
Mobile

III. PRINCIPAL OFFICERS

Name and Title
% Ownership SS#
Name and Title
% Ownership SS#
(attach additional information if necessary)

IV. INFORMATION ON EXISTING BUSINESS

Industry of Business
Principal Product/Service
Date Established
NAICS Code Federal Tax ID No.
Structure of Company - C Corp, LLC, etc.
Name bank in which business has existing accounts:
Bank Name
Contact/Telephone
Bank Name
Contact/Telephone
### V. DESCRIPTION OF PROPOSED PROJECT

- **Private or Public capacity served**

- **Location Address**

- **City/Village/Township**

- **Owner of Project - Name**

- **Owner address**

- **City**

- **Owner of project – Email**

- **Business phone**

- **Product/Services to be provided**

### VI. PRIME OR SUB CONTRACTOR INFORMATION

- **Prime Contractor (if applicable)**

- **Business Phone**

- **E-mail address**

- **Type of Project**

- **Bondholder (if applicable)**

- **Bond No.**

### VII. PROJECT FINANCING

- **Capital Request Amount**

- **Project Start Date**

- **Completion Date**

- **Check payment term requested below:**
  - 30 – 60 days
  - 61-90 days
  - 91 -120 days
  - >120 days

- **TOTAL CONTRACT AMOUNT**

### VIII. SUPPLIER INFORMATION

- **Name of Participating Supplier (if applicable)**

- **Address, City, State**

- **Name of Contact Person/Telephone Number**

- **Name of Secondary Supplier (if applicable)**

- **Name of Contact Person/Telephone Number**

- **Any terms, discounts/incentives available?**
  - Yes
  - No

  If so, please specify : _______________
### IX. PREVIOUSLY PERFORMED PROJECTS OF SIMILAR NATURE & SIZE

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Contractor</td>
<td>General Contractor</td>
</tr>
<tr>
<td>Reference Name &amp; Phone No.</td>
<td>Reference Name &amp; Phone No.</td>
</tr>
<tr>
<td>Date of Completion</td>
<td>Date of Completion</td>
</tr>
<tr>
<td>Amount of your contract</td>
<td>Amount of your contract</td>
</tr>
<tr>
<td>Description</td>
<td>Description</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Contractor</td>
<td>General Contractor</td>
</tr>
<tr>
<td>Reference Name &amp; Phone No.</td>
<td>Reference Name &amp; Phone No.</td>
</tr>
<tr>
<td>Date of Completion</td>
<td>Date of Completion</td>
</tr>
<tr>
<td>Amount of your contract</td>
<td>Amount of your contract</td>
</tr>
<tr>
<td>Description</td>
<td>Description</td>
</tr>
</tbody>
</table>

### Submission Acknowledgement

As an authorized agent of the applicant Company, I hereby submit this Diversified Contractors Accelerator Program Application. All information submitted on or with this application is accurate to the best of my knowledge. I also understand that additional information may be requested by the Toledo-Lucas County Port Authority at a later date. I also understand that this document in no way constitutes a commitment to fund any capital needs by the Toledo-Lucas County Port Authority.

Name: __________________________
Title: __________________________

Signature: ______________________
Date: __________________________