

***Montgomery County  
Linked Deposit Program for Businesses  
Application Packet***

Office Use Only: MCEDL \_\_\_\_\_

*To be completed by the business and participating depository agency*

**ECONOMIC DEVELOPMENT  
MONTGOMERY COUNTY, OHIO**

**LINKED DEPOSIT PROGRAM**

**FORM I – Page 1 of 6**

**EMPLOYMENT IMPACT STATEMENT**

**I. NAME AND ADDRESS OF COMPANY/BUSINESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

President/CEO

Phone Number

**II. COMPANY/BUSINESS DATA**

A. Is the proposed company/business located in Montgomery County?

YES \_\_\_\_ NO \_\_\_\_

B. Does the company/business own other facilities in Montgomery County?

YES \_\_\_\_ NO \_\_\_\_

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**FORM I** Page 2 of 6

**III. HOW LONG HAS THE COMPANY/BUSINESS BEEN IN OPERATION?**

In the case of a new company/business, when is the expected opening date?

**IV. BACKGROUND OF COMPANY/BUSINESS:**

Include owner's name(s), business structure (i.e., partnership, corporation, sole proprietorship), and a brief company history (Attach addendum if necessary):

**V. DESCRIBE THE PRODUCTS AND/OR SERVICES THE COMPANY/BUSINESS OFFERS (Attach addendum if necessary):**

**VI. DESCRIBE THE PROPOSED USE OF FUNDS AND THE PROPOSED LOCATION(S) OF THE PROJECT (Attach addendum if necessary):**

**VII. HOW WILL THE FIXED RATE AND REDUCED INTEREST ADVANTAGES OF MONTGOMERY COUNTY'S LINKED DEPOSIT PROGRAM CONTRIBUTE TO THE COMPANY'S/BUSINESS' ABILITY TO CREATE AND/OR SAVE JOBS? (Attach addendum if necessary)**

*To be completed by the business  
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VIII. NUMBER OF JOBS AT THE TIME OF APPLICATION:

Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

IX. HOW MANY JOBS WILL PARTICIPATION IN THE LINKED DEPOSIT PROGRAM AFFECT IN THE NEXT TWO YEARS?

Include only those employees who are currently working for jobs that are to be saved. Do not include subcontractors or temporary help. See item X example.

Full time jobs saved* _____	Estimated Gross Monthly Payroll _____
Part time jobs saved* _____	Estimated Gross Monthly Payroll _____
Full time jobs created _____	Estimated Gross Monthly Payroll _____
Part time jobs created _____	Estimated Gross Monthly Payroll _____

\* **“Saved”** means only those employees who face a lay-off in the absence of a linked deposit.

X. DEFINE JOB DESCRIPTIONS AND PAY SCHEDULES ON EMPLOYMENT POSITIONS THAT WILL BE CREATED AND/OR SAVED IN SECTION IX (Attach addendum if necessary) **PLEASE USE FORMAT BELOW - EXAMPLE:**

- ◆ 1 full time sales person **created** @ \$2,000 estimated gross per month
- ◆ 2 full time machinists **created** @ \$1,800 estimated gross per person per month
- ◆ 1 part time laborer **retained** @ \$840 gross per month based on 30 hours @ \$7 p/hr

Full time gross monthly payroll jobs created: \$5,600 } \*Insert in spaces in Item IX  
 Part time gross monthly payroll retained: \$840 } above.

**(Totals should equal those in IX above)**

*To be completed by the business  
and participating depository agency*

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**FORM I** Page 4 of 6

XI. IS THE APPLICANT CURRENTLY PARTICIPATING IN ANY OTHER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS?

YES \_\_\_\_ NO \_\_\_\_

If yes, describe:

XII. HAS THE COMPANY/BUSINESS PARTICIPATED IN THE STATE OF OHIO'S LINKED DEPOSIT PROGRAM OR ANY OTHER LINKED DEPOSIT PROGRAMS?

YES \_\_\_\_ NO \_\_\_\_

If yes, describe:

XIII. CERTIFICATION AND STATEMENT OF COMPANY/BUSINESS:

Under penalty of law, the company/business named in this statement has accurately and truthfully answered the questions as listed and has made application to the financial institution for the sole purpose of creating and/or retaining jobs under the Linked Deposit Program provisions of the Ohio Revised Code and Montgomery County legislation. Said company/business certifies herein, that funds borrowed from an eligible lending institution will not be used for purposes of gain under an investment arbitrage situation. The company/business agrees to comply with all monitoring efforts required by the Montgomery County Treasurer. Failure to do so in a timely manner may affect continued participation in the program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company/Business Name

\_\_\_\_\_  
President/CEO

*To be completed by participating  
depository agency*

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**XIV. CERTIFICATION OF FINANCIAL INSTITUTION**

Under penalty of law, the financial institution making application under the Linked Deposit Program provisions of the Ohio Revised Code certifies hereto, that, according to information revealed in the loan application, the applicant is an eligible company/business and that the benefits of the linked deposit materially contribute to the preservation and/or creation of jobs. This statement by the financial institution is based upon its best judgment and only upon factors known to it and relevant in financial statements submitted by the company/business. It is also understood that, since the Montgomery County Treasurer is not a lender of funds, the decisions in granting loans rests solely upon the financial institution. The financial institution hereby certifies that the borrowing rate listed on the application Form II is the present borrowing rate of the eligible company/business, and is the true borrowing rate that would be charged in the absence of the Linked Deposit Program.

The lender agrees to comply with all monitoring efforts that are required by the Montgomery County Treasurer.

\_\_\_\_\_   
Date

\_\_\_\_\_   
Financial Institution

\_\_\_\_\_   
Authorized Signature

<b>INCLUDE BUSINESS S.I.C. # AND WRITTEN CLASSIFICATION:</b> _____ _____ _____
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and participating depository agency*

**ECONOMIC DEVELOPMENT**

NOTATION: Information provided the Montgomery County Treasurer is a matter of public record. Therefore, only such data that directly affects acceptance under this program should be submitted. Since the Montgomery County Treasurer is not a lender of funds, information concerning credit history or other matters of confidentiality should not be included in this application. Only eligible local depositories can submit a Montgomery County Linked Deposit application.

**FOR MONTGOMERY COUNTY COMMUNITY & ECONOMIC DEVELOPMENT USE ONLY**

XV. CERTIFICATION OF MONTGOMERY COUNTY COMMUNITY & ECONOMIC DEVELOPMENT DIRECTOR

I have reviewed this Linked Deposit Application Package and  
recommend \_\_\_\_\_

do not recommend \_\_\_\_\_ it for approval.

_____ Date	_____ Joseph Tuss, Director Community & Economic Development Montgomery County, Ohio
_____ Date	_____ Hugh Quill, Treasurer Montgomery County, Ohio

*To be completed by participating depository*

**ECONOMIC DEVELOPMENT**  
**MONTGOMERY COUNTY LINKED DEPOSIT PROGRAM APPLICATION**  
 Certificate of Deposit/Loan Package

\_\_\_\_\_  
 Name of Lending Institution

\_\_\_\_\_  
 Address To Send Correspondence

\_\_\_\_\_  
 City State Zip Code

\_\_\_\_\_  
 Contact Person Phone Number

Business Name	County	Amount Requested	Present Borrowing Rate	Reduced Borrowing Rate
1.				
2.				
3.				

**NOTE:**

- ◆ The borrowing entity must be the same entity saving or creating jobs.
- ◆ Linked Deposit commitments will be for two years.
- ◆ Linked Deposit requests must be fixed rate loans.
- ◆ A complete Linked Deposit package includes a Form I, Form II, Form III, Form IV.
- ◆ Approvals of renewal requests are at the discretion of the Treasurer.

Send completed packages to:

Erik Collins, Economic Development Manager  
 Montgomery County Administration Building  
 P.O. Box 972  
 Dayton, OH 45422  
 ATTN: LINKED DEPOSITS

***To be completed by the business***

***ECONOMIC DEVELOPMENT***

**HUGH QUILL  
MONTGOMERY COUNTY TREASURER**

**FORM III – Page 1 of 1**

**MONTGOMERY COUNTY LINKED DEPOSIT PROGRAM**

**EMPLOYER STATEMENT**

I/we are an Equal Opportunity Employer and have a policy of hiring and retaining employees without regard to race, color, religion, sex, age, handicap, national origin or ancestry.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
President/Chief Executive Officer

***To be completed by business***

***ECONOMIC DEVELOPMENT***

**HUGH QUILL  
MONTGOMERY COUNTY TREASURER**

**FORM IV -Page 1 of 1**

**MONTGOMERY COUNTY LINKED DEPOSIT PROGRAM**

**CERTIFICATION OF TAX PAYMENT**

This certifies that all Federal, State and Local taxes are paid and current for the company/business making application to the Montgomery County Linked Deposit Program.

\_\_\_\_\_  
Company/Business Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
President/CEO